

CITY OF WORCESTER



# ANNUAL REPORT

ON THE

## HEALTH OF THE CITY

FOR THE YEAR

### 1968

BY

G. M. O'DONNELL, B.A., M.B., D.P.H.

*Medical Officer of Health*





Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

<https://archive.org/details/b30292098>





WORCESTER INFANTS HEALTH  
SOCIETY 1921

*The child that is not clean and neat,  
With lots of toys and things to eat,  
He is a naughty child I'm sure*





The Board of Management, Gorse Hill Clinic, receives the Mayor of Worcester,  
Alderman E. J. Whitt, and the Chairman of the Health Committee,  
Alderman W. J. Daniel.

PHOTOGRAPH BY COURTESY OF BERROWS NEWSPAPERS LIMITED.



CITY OF WORCESTER



# ANNUAL REPORT

ON THE

HEALTH OF THE CITY

FOR THE YEAR

1968

BY

G. M. O'DONNELL, B.A., M.B., D.P.H.  
*Medical Officer of Health*



# INDEX

	Page
Ambulance Service ... ..	36—38
Animale Boarding Establishment Act, 1963 ... ..	60
Ante-Natal Clinics ... ..	19
Assessment of Very Young Children ... ..	23
At Risk Register ... ..	25
Care of the Aged ... ..	45—47
Cervical Cytology ... ..	43
Child Welfare Clinics ... ..	20
Chiropody Service ... ..	43
Circular 1/69 ... ..	14
Clean Air Act ... ..	61
Clinic for the Retired ... ..	47
Common Lodging Houses ... ..	80
Congenital Abnormalities ... ..	24
Convalescence ... ..	39
Cremations ... ..	58
Daily Minding Service ... ..	22
Deafness — Prevention ... ..	38
Deaths — General ... ..	18
Table ... ..	16
Dental Treatment ... ..	20
Domiciliary Nursing Services ... ..	27—30
Drainage and Sewerage ... ..	60
Environmental Hygiene ... ..	60—84
Factories Act ... ..	67—69
Family Planning ... ..	20—21
Fertilisers and Feeding Stuffs Act ... ..	77—78
Food Inspection ... ..	76—78
Health Centres ... ..	19
Health Committee ... ..	5
Health Education ... ..	40—42
Health Statistics ... ..	17
Health Sub-Committees ... ..	6
Health Visiting ... ..	28—29
Home Help Service ... ..	43—44
Home Nursing ... ..	29—30
Houses in Multiple Occupation ... ..	80
Housing ... ..	58, 80—83
Ice Cream ... ..	75
Illegitimacy ... ..	18
Infant Mortality ... ..	17
Infectious Diseases — General .. ..	56—57
Table of Notifications ... ..	55



	Page
International Certificates	59
Marie Curie Memorial Foundation Day and Night Nursing Service	30
Meals on Wheels	43
Medical Examinations of Staff	58
Meat Inspection	78
Mental Health Services	48—54
Midwifery	27—28
Milk	75
Multiple Sclerosis Society	32
National Assistance Act, 1948, and National Assistance (Amendment) Act, 1951	58
National Society for the Prevention of Cruelty to Children	22
Nursing Equipment — Loans	32
Nursing Homes	58
Offensive Trades	60
Offices, Shops and Railways Premises Act, 1963	61—66
Outwork	69
Perinatal Mortality	17
Pet Animals Act, 1951	60
Pharmacy and Poisons Act, 1958	60
Phenylketonuria	25
Plans — Examination of	58
Play Groups	22—23
Premature Births	26
Parentcraft and Relavation Classes	19
Prevention of Illness, Care and After-Care	38—43
Prosecutions	78
Public Health Inspectors — Visits and Inspections	70—74
Rag Flock Act, 1951	60
Rodent Control	74
Slaughterhouses	79
Slum Clearance	86—87
Staff	7—11
Statistics — General	16
Vital	16
Stillbirths	18
Swimming Baths	83
Tuberculosis — Prevention	39
Unmarried Mothers	19
Vaccination and Immunisation	31—36, 59
Water Supply	84
Welfare Foods	21



## HEALTH COMMITTEE

31st DECEMBER, 1968

HIS WORSHIP THE MAYOR  
(Councillor Ronald William Morris, J.P.)

*Chairman* : COUNCILLOR DENIS BYNG CAUGHEY, M.B.E., J.P.

*Vice-Chairman*: ALDERMAN EDWIN JOHN WHITT

### ALDERMEN

WILLIAM JOHN DANIEL  
MRS. FRANCES ROSA RATCLIFFE

### COUNCILLORS

ALAN DOUGLAS ABREY  
MISS AUDREY JOY MARY CROFT BAKER  
MRS. ELLA BRADLEY  
MRS. NORAH MABEL CAUGHEY  
MRS. KATHLEEN RACHEL MARY CLAPTON  
ROBERT TELFER DEDICOTT  
MRS. DOROTHY MAY JENKINSON  
GEORGE CYRIL KERR  
GEORGE THOMAS RANDALL  
WILLIAM LESLIE THOMPSON  
FRANK MAURICE WORKMAN

### NON-MEMBERS OF THE COUNCIL

*Nominated by City of  
Worcester Local Medical  
Committee*

DR. D. W. JAMES

*Nominated by City of  
Worcester Executive  
Council*

MR. C. R. KNIGHT



## HEALTH SUB-COMMITTEES

### *Health Centres*

ALDERMAN DANIEL	DR. D. M. BRIERLEY
ALDERMAN MRS. RATCLIFFE	DR. J. M. DUNCAN
COUNCILLOR MRS. CAUGHEY	DR. J. B. ROGERS
COUNCILLOR DEDICOTT	(Nominated by Local Medical Committee)
COUNCILLOR KERR	MR. W. LUDLAM
COUNCILLOR THOMPSON	MR. H. WALKER
	MR. C. R. KNIGHT
	(Nominated by City of Worcester Executive Council)

### *Mental Health Services*

ALDERMAN DANIEL	MR. W. LUDLAM
ALDERMAN MRS. RATCLIFFE	MR. H. WALKER
COUNCILLOR MRS. BRADLEY	(Nominated by City of Worcester Executive Council)
COUNCILLOR DEDICOTT	
COUNCILLOR KERR	
COUNCILLOR THOMPSON	

## PUBLIC HEALTH DEPARTMENT STAFF, 1968

*Medical Officer of Health and Principal School Medical Officer :*

G. M. O'DONNELL, B.A., M.B., D.P.H.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer:*

A. I. BLENKINSOP, M.B., B.S., D.P.H., D.Obst.R.C.O.G., D.C.H.  
(Ceased 18th August, 1968)

J. T. ROBERTS, M.B., B.S., D.P.H.  
(Commenced 16th September, 1968)

*Assistant Medical Officers of Health :*

MOIRA K. E. ALLINGTON, B.A., M.B., B.Ch., D.C.H., D.P.H.

DOUGLAS G. SNELL, M.B., B.S., D.P.H., D.T.M.

*Chest Physician (part-time) :*

EDGAR N. MOYES, M.D., F.R.C.P.  
(Chest Physician, Regional Hospital Board)

*Honorary Adviser in Mental Health :*

A. M. SPENCER, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M.

*Psychiatrist (Part-time) :*

EILEEN M. WHITELAW, M.B., B.S.

*Public Analyst :*

W. E. JONES, M.Sc., F.R.I.C. (County Analyst—Services utilised by arrangements with Worcestershire County Council)

*Principal Dental Officer :*

E. R. DOWLAND, L.D.S., R.C.S. (Eng.)

*Senior Dental Officer :*

K. A. FELLOWS, L.D.S. (commenced 6th August, 1968)

*Dental Officers (Part-time) :*

MRS. B. SAVAGE, B.D.S.

R. WEBLEY, L.D.S.

*Dental Anæsthetists (Part-time) :*

H. HARVEY, M.D., M.B., B.S., D.A.

C. T. MILLS, M.B., Ch.B.

W. D. STEEL, M.B., B.S., M.R.C.S., L.R.C.P.

*Dental Surgery Assistants :*

MRS. R. J. YOUNG

MISS M. PARTRIDGE

MRS. L. A. DOVEY (commenced 14th August, 1968)

*Chief Public Health Inspector :*

T. W. MARSDEN

*Deputy Chief Public Health Inspector :*

J. H. BENJAMIN

*District Public Health Inspectors :*

J. HARTLEY

G. D. HALES

T. C. COLEMAN

P. C. BEECH

*Pupil Public Health Inspectors :*

M. MILLEN

B. C. R. DICKENS

*Rodent Officer:*

H. A. WILLIS (commenced 5th September, 1968)

*Rodent Operative :*

R. JONES (commenced 1st December, 1968)

*Disinfector, Van Driver, Etc. :*

C. A. WEBB (retired 30th November, 1968)

*Driver / Handyman :*

S. MORGAN (commenced 2nd December, 1968)

*Principal Nursing Officer and Non-Medical Supervisor of  
Midwives :*

MISS O. KEYWOOD

*Deputy Principal Nursing Officer and Deputy Non-Medical  
Supervisor of Midwives :*

MRS. E. S. SMITH (commenced 5th February, 1968)



*Health Visitors/School Nurses :*

MISS A. DUNLOP (ceased 5th July, 1968)

MISS P. HIGGINS

MISS J. M. TEECE

MRS. M. P. MCQUAID (ceased 28th November, 1968)

MRS. C. E. CHRISTOPHER

MISS D. FAUGHNAN (ceased 4th October, 1968)

MRS. M. HEATON (née Jones) (commenced 1st November, 1968)

MRS. J. KILLAH (née Sproat) (commenced 30th September, 1968)

MRS. U. M. AUSTIN (commenced 11th September, 1968)

MRS. E. F. WARDLE (commenced 11th September, 1968)

MRS. M. HOLMES (part-time)

*Trainee Health Visitors :*

MISS J. PESTRIDGE (commenced 16th September, 1968)

MRS. P. SHUKER (commenced 16th September, 1968)

*Clinic Nurses (Temporary Appointments) :*

MRS. M. I. HUGHES (Part-time)

MRS. E. CORBETT (Part-time) (ceased 30th June, 1968)

MRS. P. T. CLEATHERO (Part-time)  
(commenced 11th September, 1968)*Senior District Nurse :*

MISS M. J. CARTWRIGHT

*Geriatric District Nurse :*

MRS. P. LISTER

*District Nurses :*

MRS. E. LOCK

MR. J. EDWARDS

MISS J. PREECE

MISS J. M. SHARPE (ceased 20th January, 1968)

MRS. S. R. BERESFORD

MRS. J. COOPER

MISS A. FEELEY

MR. R. O. PHILPOT (commenced 1st January, 1968)

MISS R. E. WELSTEAD (commenced 8th January, 1968)

MR. V. CONNELLAN (commenced 18th January, 1968)

MRS. A. J. HIGLEY (commenced 18th January, 1968)

MISS B. FARRINGTON (commenced 18th January, 1968)

*District Nurses (Part-time) :*

MRS. S. K. DRINKWATER  
 MRS. M. NAYLOR  
 MRS. G. HURST  
 MRS. G. M. HART  
 MRS. A. E. BROOKES  
 MRS. A. V. J. DAVIES  
 MRS. E. S. S. CARTER  
 MRS. S. Y. HEFFORD (commenced 18th January, 1968)

*Midwives :*

MISS F. MIDWINTER  
 MISS M. F. WILLIAMS  
 MRS. R. CHONG (commenced 1st April, 1968)

*Clerk, Nursing Institute :*

MRS. M. M. ANDERTON

*Social Worker (Part-time) :*

MISS M. E. BARLING

*Chiropodists (Part-time) :*

MRS. M. R. GILBERT  
 MISS J. E. PRICE  
 MR. R. J. BAILEY

*Senior Mental Welfare Officer :*

P. Y. GRIFFITHS

*Mental Welfare Officers :*

D. H. MCGILVRAY  
 MRS. P. F. WILSON (née Rogers)  
 (ceased 31st December, 1968)

*Home Help Organiser :*

MISS C. J. PAIN

*Assistant Home Help Organiser:*

MRS. M. J. LUCEY

*Chief Clerk :*

A. J. RIX

*Senior Clerk :*

MISS E. C. GRIFFIN

*Secretary to Medical Officer of Health :*

MISS M. M. PARSONS

*Clerical Officers :*

MISS E. BISHOP

MISS M. F. DUNNE

and 10 full-time clerks

*Manager/ Superintendent,*

*Perryfields Adult Training Centre and Residential Hostel :*

W. T. BAYLAY

*Assistant Superintendent, Residential Hostel, Perryfields*

MRS. E. E. NICHOLLS (ceased 29th November, 1968)

*Senior Assistant Supervisor, Adult Training Centre, Perryfields:*

MRS. J. I. BREEZE (ceased 7th March, 1968)

MRS. L. J. BOWERS (commenced 22nd April, 1968)

*Assistant Supervisors, Adult Training Centre, Perryfields :*

MRS. A. STOCK (ceased 19th August, 1968)

MRS. J. BEDFORD (commenced 30th September, 1968)

MISS B. POWELL (commenced 28th February, 1968)

*Instructors, Adult Training Centre, Perryfields :*

D. W. ROBINSON

J. JONES

*Assistant Instructor, Adult Training Centre, Perryfields :*

MRS. L. J. BOWER (change of appointment)

MRS. C. BIRCH (commenced 13th May, 1968)



# ANNUAL REPORT

## ON THE

# HEALTH OF THE CITY

### BY

G. M. O'DONNELL, B.A., M.B., D.P.H.

*To the Right Worshipful the Mayor, Aldermen and Councillors of the City of Worcester.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have pleasure in presenting my tenth Report upon the health of the City. Although a paperback largely concerned with sex, violence, birth and death it is unlikely to excite the prurient mind and indeed, contains little of a controversial nature. It is in fact a tribute to your Health Committee which for many years has done everything possible within financial limitations to improve existing services and introduce new ones of recognisable merit.

The prospect of new legislation to alter the existing administration of the Health Services and even the structure of local government is a daunting one and can wake little enthusiasm in an area where everyone has worked willingly and effectively for the common good. Widespread changes are always justified by injustice or proven inefficiency but are not often desirable in other circumstances. Indeed one is reminded of Alfonso the Wise King of Castile, who said that if he had been present at Creation, he would have given some very useful hints for the better arrangement of the universe. This has been a good year for Alfonso's, even though their targets have necessarily been more modest in scale.

Despite these forebodings, my duty in this introduction is a pleasant one. To thank most sincerely the Chairman, Alderman W. J. Daniel, M.B.E., J.P., his successor, Councillor D. B. Caughey, M.B.E., J.P., and the members of the Health Committee for their continuing help and encouragement during the year.

My colleagues in other departments and organisations have afforded me every courtesy and assistance and in particular I should like to acknowledge the support and co-operation of those in my own profession.

Lastly, I should like to thank the staff of the Health Department for the conscientious and devoted manner in which they have carried out their duties. The quality and extent of their work should be apparent in the following pages.

The retirement of Mr. Charles Webb after 47 years of service is an epical event and an appreciation of his work is embodied in the report.

Yours faithfully

G. M. O'DONNELL,

## FAREWELL, MY LOVELY

Progress can rarely be achieved without sacrifice and nowadays there is much anxiety over the depredations made by urban civilisation on our native flora and fauna. It must, therefore, be a matter of concern to us all when one of our best known domestic species faces extinction. I refer to *cimex lectularius* or as they are more commonly known, bed bugs. These minute creatures have always shown a touching preference for human society, particularly when this could be enjoyed in the older type of dwellings. Slum clearance and property development have now reduced their numbers dramatically, without engaging the sympathy of those numerous organisations devoted to the protection of wild life.

It is true that by their voracity bed bugs have acquired a bad reputation, but this could be righted by better public relations. After all, their effect has not been wholly malign. They were pillars of the early Church, inspiring many a holy vigil among the saints. Their value as a contraceptive free from any moral condemnation has only recently been recognised. They are free of all racial and religious prejudice and their pertinacity and ingenuity furnish a far superior example to us than Robert the Bruce's spider.

Bed bugs are one of the many victims of social change and it is doubtful if our society is sufficiently traditionally minded to make a serious attempt to preserve them. We might, however, recall the comments of a more generous age when a music hall song could include the following verse :

The butterfly has wings of gold,  
 The firefly wings of flame,  
 The bed bug has no wings at all  
 But he gets there just the same.

## HOMAGE TO SEEBOHM

Social workers of the nation  
Award yourselves a small ovation.  
Your patron's future hopes foretell  
Garland that pliant Lord as well.  
Banish half-tried your true vocation  
And wallow in administration.

## JOKER IN THE PACK

A cri to coeur from one of our overworked general practitioners, who still makes time for some sessional work for the Health Department —

“I have just had in my surgery a lady who has made sixteen visits so far this year. Her opening words were: ‘Isn’t it fun. I am seeing you today and tomorrow I am seeing you again at the Clinic’”.

## CIRCULAR 1/69

Request for specific information on certain subjects.

- 1 Attachment or Liaison Schemes.  
All health visitors and the majority of district nurses are attached to general practices in the City. It is hoped to extend this scheme further next year.
- 2 Notification of Congenital Defects.  
The scheme for notification to the Medical Officer of Health of congenital defects apparent at birth is proceeding without difficulty.
- 3 Fluoridation of Water Supplies.  
The time has not yet arrived for this issue to be revived with any prospect of success. I am afraid that we are all exhausted with the unsupportable labour of doing nothing.
- 4 Provision of Chiropody Service.  
Three part-time chiropodists provide six sessions at the Clinic at Church House to meet the needs of the elderly, the physically handicapped and expectant mothers. A limited number of patients are also seen at private surgeries or visited by chiropodists in their own home.

Transport is given where necessary to bring patients to the clinic. There is a waiting list for treatment and new cases are seldom seen without a month's delay except when their need is urgent.

It would be true to say that the service is a reasonable one and the Health Committee have always agreed to extra sessions when the demand on the chiropodists becomes excessive.



## GENERAL STATISTICS

Area (in acres)	...	...	...	...	6,114
Estimated population	...	...	...	...	71,220
Number of inhabited dwellings	...	...	...	...	24,257
Number of persons per dwelling	...	...	...	...	2·94
Rateable value of the borough	...	...	...	£3,202,976	
Product of a Penny Rate	...	...	...	£13,030	

## VITAL STATISTICS

## Live Births

Number	...	...	...	...	1,199
Rate per 1,000 population	...	...	...	...	16·33
Illegitimate Live Births per cent of total live births	...	...	...	...	8·17

## Stillbirths

Number	...	...	...	...	13
Rate per 1,000 total live and stillbirths	...	...	...	...	10·73
Total Live and Stillbirths	...	...	...	...	1,212
Infant Deaths (deaths under 1 year)	...	...	...	...	26

## Infant Mortality Rates

Total infant deaths per 1,000 total live births	...	...	...	...	21·68
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	19·07
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	51·02

Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	...	...	...	...	15·01
---	-----	-----	-----	-----	-------

Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	...	...	...	...	14·18
--	-----	-----	-----	-----	-------

Perinatal Mortality Rate (still births and deaths under 1 week combined per 1 000 total live and stillbirths)	...	...	...	...	24·75
---	-----	-----	-----	-----	-------

## Deaths

Number	...	...	...	...	875
Rate per 1,000 population	...	...	...	...	12·29
Number of deaths from tuberculosis (two respiratory, three non-respiratory)	...	...	...	...	5
Tuberculosis death rate per 1,000 population	...	...	...	...	0·072

The following International Abbreviated List of deaths published by the Registrar General details the deaths under 50 causes

	Age in Years																Grand Total								
	Under 4 weeks		4 weeks and under 1 year		1+		5+		15+		25+		35+		45+			55+		65+		75+		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F
B4 Enteritis and other Diarrhoeal diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
B5 Tuberculosis of Respiratory System	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
B6 Other Tuberculosis, including late effects	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
B19 (1) Malignant Neoplasm - Stomach	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
B19 (2) Malignant Neoplasm - Lung, Bronchus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	22
B19 (3) Malignant Neoplasm - Breast	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	34
B19 (4) Malignant Neoplasm - Uterus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	9
B19 (5) Leukaemia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5
B19 (6) Other Malignant Neoplasms, etc.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
B20 Benign and Unspecified Neoplasms	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	84
B21 Diabetes Mellitus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
B46 (1) Other Endocrine etc. Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6
B23 Anaemias	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
B46 (2) Other Diseases of Blood, etc.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
B46 (3) Mental Disorders	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
B46 (4) Other Diseases of Nervous System, etc.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
B26 Chronic Rheumatic Heart Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11
B27 Hypertensive Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8
B28 Ischaemic Heart Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	25
B29 Other Forms of Heart Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	194
B30 Cerebrovascular Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	63
B46 (5) Other Diseases of Circulatory System	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	146
B31 Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	43
B32 Pneumonia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7
B33 (1) Bronchitis and Emphysema	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	32
B33 (2) Asthma	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	50
B46 (6) Other Diseases of Respiratory System	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
B34 Peptic Ulcer	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	14
B36 Intestinal Obstruction and Hernia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8
B37 Cirrhosis of Liver	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
B46 (7) Other Diseases of Digestive System	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
B46 (8) Other Diseases - Genito-Urinary System	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10
B46 (10) Diseases of Musculo-Skeletal System	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5
B42 Congenital Anomalies	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5
B43 Birth Injury, Difficult Labour, etc.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7
B44 Other Causes of Perinatal Mortality	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13
B45 Symptoms and Ill-Defined Conditions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
BE47 Motor Vehicle Accidents	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	9
BE48 A1 Other Accidents	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	17
BE49 Suicide and Self-inflicted Injuries	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	9
BE50 A1 Other External Causes	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
TOTAL ALL CAUSES	10	8	4	4	2	2	2	2	5	1	2	3	12	6	37	15	91	61	138	84	139	246	442	433	875

## HEALTH STATISTICS

### Infant and Maternal Mortality

Last year we recorded our lowest infant mortality rate so perhaps it is only in the nature of things that there should be some increase this time. However, by way of comparison we had no maternal deaths and there was also a lessening of the perinatal mortality rate due to a decrease in stillbirths.

### Perinatal Mortality Rate

The perinatal mortality rate (combination of deaths under 1 week and stillbirths) has come in recent years to be the most accepted measure of the efficiency of an area's obstetrical and infant care services. Having regard to the number of children surviving nowadays who have severe physical or mental disabilities and who are condemned to a life of inadequacy and often misery, there would seem to be a strong case for relating the perinatal rate to a development standard at five years of age. The triumphs of resuscitation could then be judged against the tragedies of survival.

### CAUSES OF INFANT DEATHS

Causes:—	Under 1 week	Under 4 weeks	Under 1 year
Prematurity ... ..	15	15	15
Congenital Heart Disease ...	1	2	4
Respiratory Infection ...	—	—	3
Birth Injury ... ..	—	—	1
Hydrocephalus ... ..	1	1	1
Gastroenteritis ... ..	—	—	1
Liver Failure ... ..	—	—	1
<b>Total ...</b>	<b>17</b>	<b>18</b>	<b>26</b>
<b>Where Died:—</b>			
Home ... ..	—	—	2
Hospitals in this area ... ..	17	18	23
En route to hospital ... ..	—	—	1
<b>Total ...</b>	<b>17</b>	<b>18</b>	<b>26</b>



## Illegitimacy

In recent years there has been a gradual increase in the incidence of illegitimacy in Worcester. The percentage of live births which are illegitimate has risen from 5 to 8·7 in the past decade. Compared with national figures the change is not dramatic. After all it has taken ten years and doubtless considerable effort to reach the present total. Nevertheless it is sad to see our standards being eroded and doubly so when one considers the difficulties imposed on both mother and child. Whatever mitigating circumstances may exist, an illegitimate child is conceived in selfishness and reared in disparagement.

## Causes of Stillbirths

Prematurity	...	...	...	...	...	1
Placental Insufficiency	...	...	...	...	...	5
Foetal Abnormality	...	...	...	...	...	1
Malpresentation	...	...	...	...	...	2
Rhesus Incompatibility	...	...	...	...	...	1
Unknown Cause	...	...	...	...	...	3
Total						13

## Death Rates

This year shows a further small rise in our death rate which now stands at 12·29 per 1,000 population. Heart disease remains the biggest killer, but even so it claimed few victims under the age of 45 years. Generally speaking there were only small alterations in the numbers of each of the various causes of death.

## Deaths from Violence

Only four deaths from suicide compared with seven last year, but those from motor vehicle accidents rose from 15 to 17.



## NATIONAL HEALTH SERVICE ACT, 1946

### Section 21 — Health Centres

During the year our first health centre received final approval and all those involved in its planning furthered its course with great goodwill. Work on it is scheduled to commence in 1969 and should be completed in the following year. It is pleasing to dwell upon the degree of harmony that this project has engendered and one can only hope that when translated into bricks and mortar the ambience of its days of conception will remain. In the early and informal stages, doctors and architects were the chief protagonists, but in the last year the financial implications were paramount. The officers of the Local Executive Council and our City Treasurer and his staff negotiated these last hurdles with great panache. To them and the ever helpful representatives of the Ministry of Health belongs the credit for the more difficult transactions culminating in the generous and far seeing acceptance of the scheme by the City Council and the Local Executive Council. Since the health centre is a big one catering for 15 general practitioners backed by the relevant local authority services, it is bound to exert a dramatic change in the pattern of community medicine within the City of Worcester.

### Section 22 — Care of Expectant and Nursing Mothers and Children under school age.

#### (a) Ante Natal Clinics

Once again the higher proportion of mothers booked for hospital confinement resulted in a drop in the number of mothers attending the clinics. 309 mothers made in all 1,157 attendances.

#### (b) Parentcraft and Relaxation Classes

These classes, held at the Tything Nursing Institute and at Powells Row Clinic, continue to be most successful. Mothers booked for hospital as well as home confinement are most welcome and the number of attendances increases from year to year. In 1968, 263 mothers made 1,187 attendances.

#### (c) Care of the Unmarried Mother

This work is carried out for us by the Worcester Diocesan Association for Family and Social Service whose social worker Mrs. N. Angelbeck, undertakes the necessary visiting. The Health Committee was financially responsible for the care of eight mothers in appropriate Mother and Baby Homes.

#### (d) Dental Care of Expectant Mothers and Young Children

Mr. E. R. Dowland, Principal Dental Officer, reports as follows :

“Thirteen mothers were inspected and found to need treatment.

Fifteen fillings were done, 22 teeth extracted. Three mothers were referred to hospital for clearances.

Four mothers were supplied with seven dentures.

53 infants were inspected and 41 needed treatment. 122 deciduous teeth were extracted under general anaesthetic. 33 conservations were done.

There are still a considerable number of infants who make their first visit to the dentist for the relief of pain. We have tried, with the help of health visitors and the infant welfare clinics, to see as many children as possible from three years old so that they may become acclimatised to a dental surgery.”

#### (e) Child Welfare Clinics

Mothers are now being specifically invited to bring their children for a full medical examination at the clinics at or near their first and subsequent birthdays. It is hoped that this will be the means of ensuring that any defect or handicap receives treatment with the least possible delay. These examinations are in addition to the traditional and well established attendances for general advice on care and upbringing, and for immunisation and vaccination.

During 1968, 2,953 children attended the clinics.

#### (f) Family Planning

I am grateful to Dr. Mary Harcup for the following report :

“Family Planning continues to be an expanding service in Worcester. Not only are more general practitioners offering this advice to their patients, but numbers continue to increase in both the Family Planning Association clinics, supported by our Health Committee, and our own clinics.

Local authority clinics are held at the Tything, Warndon and Gorse Hill, ably supported by a knowledgeable army of nurses, midwives and health visitors who give help and encouragement in the Child Welfare Clinics and in the home. Almost invariably they are the first and principal link between the most needy patients and the clinic. It is due largely to this type of personal contact that Worcester continues to offer advice and help to the less well endowed social classes of the Registrar General's classification, who are notable by their absence in the reports of many organisations offering a family planning service.



Our financial policy continues to be that the medical services, inclusive of advice and examination, are free to all patients. Drugs and devices are free too for medical cases, but other patients pay a sum sufficient to cover the cost of the item involved.

The “pill” has made a big difference to family planning. Not only has it provided an almost certain means of contraception, but it has opened up the whole subject, previously tabu, as one for discussion. Increasing press, radio and television coverage have certainly made everyone more conscious of the problems of family planning, but at the same time the method of presentation has often left confusion. Thrombo-embolic episodes have been reported in connection with the use of the “pill” and these may cause some anxiety to those using it. Part of our work is putting this in perspective. The latest figures available from the Dunlop Committee show that although oral contraceptives do carry a slightly increased risk of thrombotic disease, the incidence rises 20 times higher during pregnancy. Of course other methods of contraception, without side effects are available, but as none of them are as effective as the “pill”, when choosing these, it is necessary to consider whether a further pregnancy would be detrimental to the patient’s health.

The intra-uterine device (I.U.D.) has not been considered suitable for general clinic use so far. A few patients for whom the I.U.D. appeared to be the method of choice have been referred to doctors or clinics specialising in this particular field.

In this pill-orientated era we still give advice on all methods of contraception, including the rhythm method to those who, in spite of its high failure rate, conscientiously feel unable to use any other.

Also, although our work is 95% contraception, we are always glad to welcome people who have problems in any aspect of planning their family”.

#### (g) Welfare Foods

During 1967 and 1968 the following quantities of welfare foods were bought by the public :

	1967	1968
National Dried Milk (Full Cream) ...	12,932	9,274
National Dried Milk (Half Cream) ...	50	25
Cod Liver Oil Bottles ...	974	905
Vitamins A and D Packets ...	1,045	869
Orange Juice Bottles ...	17,991	16,939

## (h) National Society for the Prevention of Cruelty to Children

I should like to thank the Worcester and Mid-Worcestershire Branch of the N.S.P.C.C. and their inspector, Mr. William Andrews, for the help given to the Department during the year and for their concern and solicitude in the care of the more unfortunate children in this area.

## (i) Daily Minding Service

Under the Nurseries and Child Minders Act, 1948, any person minding more than two children was required to register with the Local Health Authority. There was, however, no control over persons taking one or two children into their own homes for day time care, and in parts of the country a great deal of concern was felt regarding the wellbeing of children so placed. However, the Health Services and Public Health Act, 1968, now requires everyone minding even one child for a period of two hours or more to register. The new regulations came into force on November 1st, with a three months period of grace in which to register those minders coming under supervision as a result of the new legislation. Naturally a great deal of work is involved in tracking down and registering the not inconsiderable number of child minders involved, in addition to the supervision which must subsequently be given. It is hoped, however, that as a consequence an improved standard of care will be given to the children of unsupported mothers and those whose parents are, for various reasons, unable to look after them during the daytime.

A private day nursery providing places for twenty children was approved by the Local Health Authority and opened in September. One child in the priority class has been placed by the local authority and the other places have been taken up by children placed privately by their parents. The nursery is, of course, regularly inspected by Health Department staff.

A regular daily minding service is provided by the Health Committee. During the year, 34 children availed of this service.

## (j) Play Groups

The primary function of day nurseries and child minders is to look after small children while their mothers, either from choice or from necessity, go out to work. Play groups fulfil an entirely different purpose. They aim to provide children between the ages of three and five with a stimulating environment in which they can mix with other children and widen their interests and activities. The play groups which are organised privately are



subject to registration and inspection by the local health authority. Several of the groups are run by private individuals, some by Church groups and others have formed committees for their administration. At the end of 1968, there were in the City ten active groups providing places for 206 children, and most groups had waiting lists.

#### (k) Assessment of Very Young Children

Dr. Douglas Snell reports :

“ During the year assessment of the development of 11 babies was made using the Ruth Griffiths Scale. The great value of this scale is that it makes possible a fairly accurate determination of the stage a baby has reached and its subsequent progress under five separate headings : Locomotor, Personal-Social, Hearing and Speech, Eye and Hand, and Performance. This means that a child severely handicapped in vision, hearing, use of limbs, or in other ways, can be usefully tested in abilities in other directions.

It is good news that Dr. Ruth Griffiths has now completed data which will allow these scales to be used on children up to the age of 7. However, these have not yet been published in book form and we still have to employ the Stanford Binet Scale to measure the abilities of children which are normally found in those older than two years. When the two scales have to be combined the result gives only a general I.Q. measurement instead of individual “ profiles ” for the five headings referred to above.

In the case of a young child with a degree of handicap which may call for special education, it may not be possible even with the extended Ruth Griffiths Scales to make a reliable assessment of a child's abilities after one interview only. Repeated visits may have to be made to the child's home, but these will often fail to tell us how a child is likely to respond in a future educational environment. There is now a real need for assessment facilities in one of our special day schools so that a child can be observed for several months or more, before a firm decision is made ”.

**(1) Congenital Abnormalities**

The following table shows a list of congenital defects graded according to the official classification and notified to the Department of Health for inclusion in the 1968 statistics :

**Central Nervous System**

Spina Bifida	...	...	...	...	...	...	3
Defects of spinal cord	...	...	...	...	...	...	1

**Eye, Ear**

Cataract	...	...	...	...	...	...	1
Accessory auricle	...	...	...	...	...	...	1
Other defects of ear	...	...	...	...	...	...	1

**Alimentary System**

Hare lip	...	...	...	...	...	...	1
Cleft palate	...	...	...	...	...	...	1
Defects of alimentary system, not otherwise specified	...	...	...	...	...	...	2

**Heart and Great Vessels**

Congenital heart disease, not otherwise specified	...	...	...	...	...	...	2
---	-----	-----	-----	-----	-----	-----	---

**Uro-genital system**

Other defects of male genitalia	...	...	...	...	...	...	2
---------------------------------	-----	-----	-----	-----	-----	-----	---

**Limbs**

Polydactyl	...	...	...	...	...	...	1
Syndactyl	...	...	...	...	...	...	2
Dislocation of hip	...	...	...	...	...	...	8
Talipes	...	...	...	...	...	...	7
Other defects of shoulder girdle	...	...	...	...	...	...	1
Other defects of hand	...	...	...	...	...	...	1
Other defects of lower limb, not otherwise specified	...	...	...	...	...	...	1

**Other Systems**

Vascular defects of skin	...	...	...	...	...	...	2
Defects of endocrine glands	...	...	...	...	...	...	1

(m) At Risk Register

The At Risk Register was modified to become an All Risks/Observation Register which would include the names of all those known to have a defect as well as those considered to be in an especial danger of becoming handicapped. Both categories would have to be kept under fairly close observation and it was felt to be more profitable to contain them in one list than to make an artificial distinction between them. The names of 517 children are recorded.

We are now offering all children a special examination at our clinics on their birthdays and a letter of invitation to the parents is sent in each case.

Screening for hearing loss is being continued and during the year 41 children failed the first test and had to be re-examined. Eventually 14 were referred to the teacher of the deaf and the E.N.T. Clinic.

(n) Phenylketonuria

The number of tests during 1968 was 2,378, all of which were found to be negative.

Weight at birth	PREMATURE LIVE BIRTHS													PREMATURE STILLBIRTHS
	Born at home or in a nursing home													
	Born in hospital				Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Died				Died				Died					
	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Born in hospital	Born at home or in a nursing home
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
2lb. 3oz. or less .. ..	2	1	—	—	—	—	—	—	—	—	—	—	3	—
Over 2lb. 3oz. up to and including 3lb. 4oz. ..	9	6	2	—	—	—	—	—	—	—	—	—	—	—
Over 3lb. 4oz. up to and including 4lb. 6oz. ..	27	3	—	—	—	—	—	—	—	—	—	—	1	—
Over 4lb. 6oz. up to and including 4lb. 15oz. ..	14	—	—	—	—	—	—	—	—	—	—	—	2	—
Over 4lb. 15oz. up to and including 5lb. 8oz. ..	34	2	—	—	4	—	—	—	2	—	—	—	1	—
Total .. ..	86	12	2	—	4	—	—	—	2	—	—	—	7	—



## DOMICILIARY NURSING SERVICES

I am indebted to Miss Olive Keywood, our Principal Nursing Officer, for the support which she has given me during the year and for the main content of the following reports on the nursing services.

1968 proved to be a particularly happy year for the domiciliary nursing services. The overall staffing situation improved greatly, Mrs. E. S. Smith being appointed Deputy Principal Nursing Officer with special responsibility for the Health Visiting Service.

The Tything Nursing Institute entered a float in the Worcester Carnival and were placed first in their Class. District Nursing, past, present and future, was depicted and we are indeed, grateful to the various friends who loaned us an aspidistra, a tricycle and a genuine district nurse's uniform from the late nineteenth century.

In November, we were pleased to welcome Sister Rosemary Smyth from the Holy Family Hospital, Berekum, Ghana. Sister Rosemary spent a fortnight in Worcester observing the various services, and we hope that the experience she gained while with us will be of help in her work in Africa.

In September, a weekend conference for hospital matrons was held at Stowe House, Lichfield, and the Birmingham Regional Hospital Board invited the Principal Nursing Officer to attend. It was most enjoyable and enabled a very helpful exchange of views to take place between hospital and community nursing personnel.

Two health visitor students, six pupil midwives and seven student district nurses entered for their qualifying examinations, and all were successful.

Once again talks were given to hospital nursing staffs, students from the College of Education and the Birmingham College of Commerce, who were able to see something of the work of the Domiciliary Nursing Services.

### Midwifery

180 mothers were delivered in their own homes in 1968, while 497 mothers were attended by our midwives after their discharge from hospital. The midwives also visited the homes of the latter during the ante natal period in order to assess the suitability of the homes for early hospital discharge. Help was given to Shrub Hill Maternity Unit during a period of acute staff shortage at the hospital.

Statutory refresher courses were attended by Miss O. Keywood, Non-Medical Supervisor of Midwives, and Miss F. M. Williams, one of the teaching district midwives. The rules of the Central Midwives Board require that each practising midwife shall attend a refresher course at least once every five years. All the midwifery staff attended a lecture demonstration on the technique of performing an episiotomy.

We are grateful to Messrs. Farley's Infant Food Ltd., for their kindness in presenting to us a copy of the film "To Janet — A Son" on permanent loan. This film is always of absorbing interest to a mother awaiting the birth of her first baby.

### Health Visiting

Torquemada, the Grand Inquisitor,  
Never tortured a Health Visitor  
Half as much as those today  
Who hear her words and don't obey.

At the beginning of the century, of every 1,000 babies born alive, 150 failed to celebrate their first birthday. Gastro-enteritis and the infectious diseases took their tragic toll. Now only about nineteen babies die within the first year of life and of these, many are born with malformations incompatible with life.

Although many factors have contributed to this dramatic improvement, health visitors have played no small part. For many years they visited the homes of the children, patiently instructing the mothers in the elements of child care, supervising the sterilisation of feeding bottles, and persuading the mothers to bring their babies to the Child Welfare Clinic for advice and medical examination.

Then, as programmes of vaccination and immunisation became available to combat more and more infectious diseases, the health visitors talked to the parents, explained the procedures and persuaded them to accept these discoveries which have done so much to control and virtually eliminate such dread diseases as diphtheria.

The training of the health visitor is now much more comprehensive and her work extends to giving support to the whole family, particularly during periods of stress, and to contacting other sources of help where appropriate.

Hearing testing, hitherto restricted to those at special risk, has now been extended to all children at the age of seven months and again at two years. It is also available to older children. By courtesy of the Worcestershire County Council, in November



a special course of instruction in the latest techniques of testing was given to the health visitors. To Miss E. Andrews and her audiometric team we tender our sincere appreciation.

In-service training of staff has continued. Mrs. E. S. Smith, Deputy Principal Nursing Officer, attended the course for Group Advisors organised by the Health Visitors Association, and Miss J. M. Teece, attended a course for health visitors working in close co-operation with groups of general practitioners. Several health visitors attended the refresher courses organised by Worcestershire County Council, Gloucester and Gloucestershire.

Our student health visitors, Mrs. Wardle and Mrs. Austin, completed their course of training at the North Gloucestershire Technical College in Cheltenham and were successful in their examination. They joined the staff as qualified health visitors in September and this enabled Mrs. M. Holmes to be transferred to our geriatric section. Two more students started the course of training in October and we look forward to welcoming them to the health visiting staff in 1969.

### Home Nursing

1968 was marked by a 15% increase in the work of the district nurses who paid 62,798 visits to 1,448 patients. As the number of visits to patients over the age of 65 remained virtually unchanged (78% in 1967, 79% in 1968) the increase in old people in the community and the growing population of Worcester do not adequately explain the greatly enlarged call upon the service.

Attachment of district nurses to groups of general practitioners was extended to four more group practices and we feel that this closer liaison with the doctors is leading to greater understanding of the capabilities of the district nurse and to more calls being made upon the service. The district nurses in these attachment schemes are very enthusiastic. They feel that they are able to give the patients better care, their own skills are being more fully used and they find greater "job satisfaction" in this method of working.

A significant reorganisation of district nurse training took place during the year. Since 1890 the vast majority of district nurse training throughout the country has been under the auspices of the Queen's Institute of District Nursing. In 1968, however, the Queen's Institute decided to discontinue their training and their certificate for state registered nurses and to concentrate more of their resources in the fields of research and courses of instruction for state enrolled nurses. After due consultation Worcester, Worcestershire, Gloucester and Gloucestershire joined to form the Severn Valley Training Scheme for District Nurses which

has received the approval of the Department of Health and Social Security who award the National Certificate in District Nursing. The first course under these new regulations was started in September with thirteen students including seven from Worcester and Worcestershire. They have all been entered for the January, 1969, examination.

The Queen's Institute of District Nursing now issues a certificate to state enrolled nurses who have undertaken a course of instruction in district nursing. A scheme whereby pupil enrolled nurses may take this course of instruction within their basic training has received the approval of the Queen's Institute and of the General Nursing Council. Although undoubtedly some of these pupil nurses will, upon qualification, elect to work on the district, the real aim of the scheme is to foster greater understanding between hospital and domiciliary nursing staff, and so to promote a better service to the patient, whether he is cared for at home or in hospital.

### **Marie Curie Memorial Foundation**

Through the generosity of the Marie Curie Memorial Foundation we have again been able to help some very ill cancer patients. For eighteen patients we were able to provide night nursing at a total cost of £296. A further £5. 9s. 9d. was spent on extra nourishment and £7. 6s. 1d. in hire of equipment. We were also able to add to the comfort of one of the patients by buying special dressings not available through the National Health Service

Although no charge is made for the help which the Marie Curie Memorial Foundation gives, donations are, of course very welcome and during 1968, £22 was donated locally.

We would like to pay tribute to the five state registered nurses who undertake this night nursing on a sessional basis. The need for the service is spasmodic, but when a patient requires this care, his need is usually urgent. At very, very short notice — sometimes only two or three hours — these ladies are willing to forego a night's sleep themselves in order to look after desperately ill patients and to give relatives a much needed rest. The whole of this valuable service is dependent upon their unselfish co-operation.



*Record of Immunisations and Vaccinations carried out during the year 1968:*

Number of children who completed a primary course against:—	Year of Birth					Others under age 16	Total
	1968	1967	1966	1965	1961-1964		
Diphtheria ... ..	468	594	40	22	133	140	1,397
Whooping Cough ...	468	593	38	13	11	5	1,128
Tetanus ... ..	468	594	40	22	136	235	1,495
Poliomyelitis ... ..	467	613	40	26	139	228	1,513
Number of children who received a reinforcing dose against—							
Diphtheria ... ..	—	329	561	48	1,156	1,011	3,105
Whooping Cough ...	—	320	552	38	216	10	1,136
Tetanus ... ..	—	329	560	48	1,180	1,063	3,180
Poliomyelitis ... ..	—	323	565	50	1,115	397	2,450

## **Multiple Sclerosis Society**

Last year a pilot scheme for extra nursing or sitting-in for multiple sclerosis patients, was reported. There has not been the anticipated call for this type of work but we are most grateful to the Worcester branch of the Multiple Sclerosis Society for the loan of two hydraulic hoists to assist in the lifting and handling of heavy patients.

## **Provision of Nursing Equipment**

The provision of nursing equipment enables many patients to be cared for at home who would otherwise have to be admitted to hospital. Seven hydraulic hoists help, not only the district nurses, but also the relatives, to lift very heavy patients unaided. The nine ripple beds which do so much to prevent pressure sores on the desperately ill patient, are in constant use and were, in fact, used by fifty different patients during the year. Altogether 883 articles were loaned during the year, including wheelchairs, commodes, bedpans, back rests etc.

Approximately 7,500 disposable incontinence pads have been supplied to incontinent bed patients, and 220 incontinent ambulant patients have used the pants and pads supplied to them.

Although the majority of the items are provided by the Local Health Authority, we are grateful for the many gifts which have supplemented our stocks and also for the single beds, mattresses and blankets which we have been able to pass along to those in need.

## **Section 26 — Vaccination and Immunisation**

For some years we have been able to maintain a very high rate of vaccination and immunisation and the Ministry's table printed below shows that this high standard has been continued. Our figures are very considerably in advance of the national average and it is pleasant to record that this favourable position has been achieved, not only by the enthusiasm of the Health Department staff, but also through the co-operation of the general practitioners who have done all they can to secure maximum protection for the children under their care.

It would, however, not be fair to allocate all praise to the health services. In the end the success of a vaccination and immunisation programme for children depends on the attitude of the parents and here we have been particularly fortunate. Certainly parents in the City have been quick to realise the value of this service and to make sure that their offspring benefit by it.

	Children born in 1967			Smallpox (Children under 2) (4)
	Whooping Cough (1)	Diphtheria (2)	Polio- myelitis (3)	
England and Wales -	76	78	74	38
Worcester - - -	92	93	93	66

During the year revised schedules of vaccination and immunisation procedures in childhood were published and although these allowed a certain latitude, Medical Officers of Health of the Birmingham Region drew up a precise schedule within these limits in the hope that this would be generally adhered to and confusion between neighbouring authorities obviated. It is, of course, a great advantage for everyone to march in step, but since the first immunisation procedures are deferred till the age of six months one can only hope that we are not marching in blithe unison down the wrong turning.

### *Diphtheria*

Although our figures are to some extent affected by a continuing small decrease in the birth rate, we have still been able to maintain an increase in the total number receiving a primary course and there has also been a pleasing rise in the number of booster immunisations.

### *Whooping Cough*

Compared with last year there has been a small fall in completed primary courses, 1,128 against 1 233, but reinforcing immunisations have remained virtually the same.

### *Tetanus*

Again the number of children completing a primary course is unchanged, but booster injections rose from 2,691 to 3,180.



### *Poliomyelitis*

Here there was a rise in the number of primary courses from 1,421 to 1,513 and also an advance in the reinforcing doses from 2,157 to 2,450.

### *Smallpox*

I am afraid that smallpox vaccination took a bit of a knock last year. This was due partially to staff changes when for a vital period we were short of a doctor for some three months, but more particularly because a tremendous amount of effort was diverted to carrying out the crash measles vaccination scheme.

Age at date of vaccination	Number of persons vaccinated (or re-vaccinated) during the year ended 31st December, 1968	
	Number vaccinated	Number revaccinated
0 to 3 months	15	—
3 to 6 months	18	—
6 to 9 months	6	—
9 to 12 months	12	—
1 year	759	—
2 to 4	94	6
5 to 15	40	551
Total	944	557

## Measles

In March, 1968, the Minister asked local health authorities to offer vaccination against measles to all susceptible children up to and including the age of 15 years. The first vaccinations took place in May, but as supplies of vaccine were limited, a phased introduction was necessary.

Therefore during the months of May, June and July, measles vaccination was offered only to those children between their fourth and seventh birthday and those between their first and seventh birthday attending day nurseries, nursery schools or residential establishments.

The parents of the children concerned received a personal letter offering them, where necessary, vaccination against measles either at a day nursery, nursery school, residential establishment, child minder's home, child welfare clinic, primary school or by the patient's own doctor.

The Deputy Medical Officer of Health and a member of the nursing staff paid special visits to the establishments concerned and by the end of June over 500 children had been vaccinated by the local authority doctor. In the same period 126 children were vaccinated by general practitioners.

By the end of September a further 400 children were vaccinated by the local authority and 90 by the general practitioners.

In the autumn term similar letters were sent to the parents of children in the age group 7 to 10 at the primary schools and later to parents of the 11+ children at secondary and grammar schools. In these latter age groups at least 9 out of 10 children had a natural immunity to measles, but by the end of the year 134 children had been vaccinated by the local authority and 22 by general practitioners.

The non-maintained schools in the City were offered the same facilities.

Statistics submitted to the Ministry were as follows :

Year of Birth					Others under age 16	Total
1968	1967	1966	1965	1961-1964		
2	277	231	210	848	156	1,724

**B.C.G.**

B.C.G. vaccination supplied under Section 28 of the National Health Service Act, is also carried out and it is perhaps more appropriate to include the results of this with the other forms of immunisation in this particular section. Appropriate statistics are quoted below.

Return for the year ended December 1968.

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

**A. Contacts (Circular 19/64)**

(i)	No. skin tested	...	...	...	...	67
(ii)	No. found positive	...	...	...	...	16
(iii)	No. found negative	...	...	...	...	50
(iv)	No. vaccinated	...	...	...	...	30
(Some Heaf tests were for diagnosis only)						

**B. School Children and Students (Circular 19/64)**

(i)	No. skin tested	...	...	...	...	1,077
(ii)	No. found positive	...	...	...	...	136
(iii)	No. found negative	...	...	...	...	904
(iv)	No. vaccinated	...	...	...	...	888

**Section 27 — Ambulance Service**

The Worcester City and District Voluntary Ambulance Service is responsible for this work under an agency agreement with the City Council. Based on the ambulance station built in 1958 as a joint undertaking of City and County, the service covers the southern part of the County as well as the entire City area. Its ability to function efficiently at a very economic level is due to general support by volunteer members of the St. John Ambulance Brigade and the British Red Cross Society who give valuable and effective help mainly in the evenings and weekend periods.

Mr. G. C. Hutchison, Ambulance Officer reports :

" This year reveals that the decrease of patients carried in 1967 was not maintained and there has been an increase both of general treatment and emergency cases. We are concerned that this upward trend is continuing in spite of representations to the hospital authorities and it is pointed out that the number of patients carried represents something over a third of the population. Coupled with this is the almost total withdrawal by the rail



authorities of facilities for long distance stretcher cases. The centralisation of special treatment cases, early discharges followed by out patient treatment involving stretcher and sitter 2 cases heightens the difficulties of maintaining an efficient service. That we have been able to achieve this is in no small measure due to a willing and able staff.

#### Vehicles :

The present fleet strength is as follows :

- 7 Stretcher/Sitting Case Ambulances stretcher 2 berth;
- 1 Sitting/Stretcher Case Ambulance stretcher 4 berth;
- 1 Single Stretcher Long Distance Ambulance;
- 1 Special Services Vehicle.

During 1968 the Sitting Case vehicle was disposed of and an order for two replacement Stretcher/Sitting Case Ambulances was placed but not received by the end of the year. It is anticipated that they will be available during 1968/69 fiscal year.

#### Staff :

In spite of the increase of work, there was no increase in the staff, although frequently it was apparent that the service was under extreme pressure. If the number of patients continues to rise additional staff may well be required.

#### Training :

All full time ambulance personnel received two days training in the following subjects :

Medical terminology, respiratory illnesses, followed by a visit to Barnesley Hall Mental Hospital with instruction by the resident consultant, Mr. Zollman. During their visit they studied various treatments given for mental conditions. The Ambulance Training Officer gave instructions on the use of the Paraguard stretcher and training in light rescue work, lifting and handling of patients, followed by a film. Training was also given in driving and loading procedures in connection with the use of the new Ford Automatic Ambulance.

## Cases Undertaken during the year :

					1968	1967
Accident or Emergency Cases	...	...	...	...	1,271	1,156
Infectious Cases	...	...	...	...	880	1,078
Others	...	...	...	...	22,403	20,616
					<hr/> 24,554	<hr/> 22,850
Sitting Cases	...	...	...	...	17,967	16 515
Sitter 2 Cases	...	...	...	...	2,116	
Stretcher Cases	...	...	...	...	4,471	
Journeys	...	...	...	...	7,641	7,999
Total Mileage including Residue				...	97,236	85,746
Average Miles per patient			...	...	3.96	3.75
Transport of Chiropody Patients						
Number of persons carried			...	...	513	
Mileage	...	...	...	...	3,263	

## General Ambulance Service

During the year, 848 patients were carried over a distance of 20,180 miles at a cost of £982 13s. 0d.

**Section 28 — Prevention of Illness, Care and After Care****(a) Prevention of Deafness**

At the end of the year, there were 517 children under the age of two years on the At Risk Register. These are children who by reason of their family history, difficulties at birth, or early illness, are at more than normal risk of developing defects or handicaps. These children are supervised regularly so that any appropriate treatment or training may be commenced at the earliest possible moment.

41 children failed their first hearing test and had to be re-tested and 14 were referred for further investigation.

I should like to thank Mr. T. S. Stewart, Consultant E.N.T. Surgeon at the Worcester Royal Infirmary, for his co-operation and help in this work.

### (b) Prevention of Tuberculosis

Two persons died from respiratory tuberculosis during the year, and three from non-respiratory tuberculosis. Notifications of both types of this disease remain low.

Year	Respiratory		Non-Respiratory	
	Notifications	Deaths	Notifications	Deaths
1959	35	5	5	0
1960	33	9	1	0
1961	22	6	1	1
1962	33	7	2	0
1963	15	6	2	0
1964	20	5	2	0
1965	15	5	1	0
1966	20	4	3	0
1967	16	1	4	0
1968	15	2	3	3

### After Care :

At the end of the year, 12 patients were being supplied with free milk. Clothing, bedding and nursing aids remain available as necessary.

### (c) Convalescence

Convalescence has always been a useful weapon in the limitation and prevention of disease, but this year financial restrictions resulted in only eight adults benefitting in this way through local authority funds. However, this does not mean that patients requiring a period of convalescence were denied it as the various charitable organisations in the neighbourhood came to our rescue. It would be true to say that this help was achieved easily. Some Charities were prepared to help willingly providing that a reasonable case was made out for each application and that repeat demands did not occur too often. To others the disgorgement of monies, even in so deserving a cause, seemed to be a matter of the utmost difficulty reducing their officers to a state of prostration far worse than that of the patient whom we were trying to help.



### (o) Health Education

Dr. Douglas Snell undertakes the supervision of health educational activities amongst our staff and reports as follows :

In April, 1968, I was sent as one of two delegates from Worcester to a conference in Reading on the subject of "Co-operation in Health Education in Schools". My colleague was a male teacher of Biology in one of our secondary schools. It was surprising to hear from the Principal of a College of Education that fewer colleges were offering "Health Education" as a principal or subsidiary subject in their courses and yet general interest in the subject and the demand for competent teachers was ever increasing.

It was clearly established that this subject, properly regarded, impinged on every other subject in the school timetable. One of our chairmen told us that in her school they changed the title of the subject to "Learning to Live". The headmistress of a secondary school demonstrated how the teaching of geography and mathematics brings up the urgency of the coming "population explosion" and how this in turn must lead to consideration of family planning and birth control measures. Matters concerning the physical and mental health of human beings will occur naturally in the majority of school lessons and this needs to be stressed in the colleges of education.

In secondary schools a few children will elect to take some branch of biology up to examination level but all of us at the Reading Conference were agreed that the rudiments of human biology must be brought home to all children. It should be spread over the whole of school life and not be the subject of a "crash" course towards the end of secondary education. Such general knowledge of the working of the mind and body — and this need only be at quite a simple level — would make it so much easier to obtain co-operation in guarding against the major health hazards at the present time. Our attention was particularly drawn to a new book "Health Education Patterns for Teaching" by Daphne S. Elliott and Elaine T. May. This provides a comprehensive scheme for practical work and study of health matters in every year of school life from care of the teeth etc. at age 5 up to parentcraft at age 18.

There is considerable interest in this subject in all grades of schools in Worcester but the usual difficulty is raised in the secondary schools that the curriculum has to be planned to cover examination syllabuses and it is not possible to find extra

periods for this important subject. It follows that the logical step is to require all children sitting for a General Certificate of Education or a Certificate of Secondary Education to answer questions about human biology and the science and art of healthy living. At present such requirements are more likely to be met in our secondary modern schools than in the grammar schools.

Heads of schools who do manage to provide short courses on health matters which will interest young people, before and after they have left school, have some difficulty in finding the right teachers for subjects such as adolescent development, marriage and relations between the sexes, venereal disease, drugs etc. Health visitors, school nurses and doctors of this Department have taken part in courses at two City secondary schools and one independent girls school. My personal contribution has involved dealing at one session with the dangers of tobacco and the misuse of alcohol and drugs. In some parts of the country the addiction of teenagers to the "hard" drugs, especially heroin, is increasing at an alarming rate and reliable instruction on the subject is essential for all children in secondary schools, their staff and their parents. It is desirable that the two latter groups keep in close touch with each other and it may be that parent/teacher associations could provide a useful meeting point.

Regular teaching on mothercraft, with some advice on the part played by the father, is offered at our permanent health centres. Courses last 6 to 8 weeks and are held in the afternoons or evenings. The former is more popular with mothers. Continuous courses are held throughout every year at The Tything Nursing Institute and may attract 20 or more young mothers at a time. Three courses at St. John's Clinic in Powells Row were fairly well supported but classes at other clinics were not resumed on account of very poor attendance in the past.

Occasional talks to adult groups in the City included three on "drugs" which were given to a Women's Institute, a Church discussion group and a hostel for girls on probation. For the sixth year in succession I shared with one of the Public Health Inspectors a course of 12 lectures at the Technical College. Some 18 students attended and 12 of them obtained a Certificate in the Hygiene of Food Retailing and Catering. A course of lectures was taken and assistance given at several examinations leading to the Certificate in First Aid given by the St. John Ambulance Association.

For many years an important side of our health education work has been the purchase and dissemination to clinics, schools and members of the general public, of posters, leaflets and other



material supplied by the Central Council for Health Education in Tavistock Square, London. Towards the end of 1968 that body ceased to exist. Its pioneer work had led to the formation of a new national body called the Health Education Council Ltd., under the chairmanship of Lady Birk. The head of the old council, Dr. A. J. Dalzell-Ward has been appointed Director of Field Services in the new body. Supplies of posters and other material have been greatly reduced and in fact the new Council does not accept the widely held assumption that the public will automatically respond to new ideas about its health if fed with a sufficient amount of posters, pamphlets, press articles, broadcast programmes, etc. It intends, therefore, to carry out fresh research on the best way of carrying on Health Education activities. In the meantime it has listed the following as the most important of current health problems :—

1. **Smokers Disease.** It accepts that 50,000 deaths a year in England and Wales from lung cancer, chronic bronchitis and coronary heart disease are caused by the habitual smoking of cigarettes. To quote from a recent paper of the Council : “ By general consent the most important need in the whole field of preventive medicine today is to reduce the incidence of cigarette smoking ”.
2. **Nutrition.** Obesity is widespread in all age groups.
3. **Dental Caries.** A new fluoridation campaign is indicated.
4. **Food Poisoning.** Cases are on the increase, and severe illness can result.
5. **Cancer.** More information about the early signs is essential.
6. **Infectious Diseases.** Control by immunisation.
7. **Venereal Disease.** Importance of sex education in schools.
8. **Alcoholism.** Still an important social and industrial problem and cause of accidents.
9. **Drug Addiction.** A matter of increasing anxiety.
10. **Sex Education.** Research has been started on the best techniques.
11. **Health Education of New Immigrants.** Will have to be specially catered for.
12. **Accidents.** In the home, on the roads and at work.
13. **Preparing for Retirement.** Health education must play its part in one of the major problems facing Western civilisation today—“helping old people to stay healthy and independent”.



### (e) Meals on Wheels

This service is undertaken by the Welfare Committee, the meals being prepared at Hillborough and delivered throughout the town by the Women's Royal Voluntary Service. Many old people become increasingly disinterested in food, particularly in its preparation, and eventually subsist on those comestibles which require the least effort in cooking. Finally they arrive at a stage where tea, bread and butter, cold meats and tinned food comprise their main diet. The serving of a hot meal twice a week by an outside agency is very acceptable to them and a real contribution to their health and welfare.

### (f) Chiropody Service

Chiropody services should be of particular interest to the anthropologist as they relate to a way of life at a time when feet were still people's first and main mode of transport. Future generations, alternating between office, car and bed, may require similar repair services, but these will be for a more passive and intimate part of the anatomy. In the interim period chiropody must continue to be in real demand, particularly among the aged, and our figures for the past year show that over 1,000 persons aged 65 years and over received treatment. To this must be added 100 or so handicapped persons and in all a total of 4,328 treatments were given by our three chiropodists.

We maintain a clinic at Church House but treatments are also given at home and at the chiropodists' private surgeries. Transport to Church House is provided when necessary by the Hospital Car Service.

### (g) Cervical Cytology

Clinic Statistics for 1968 :

1,430 smears — 6 positives (1 being City Case).

## Section 29 — Home Help Service

I am indebted to Miss C. J. Pain, Home Help Organiser, for the following report :

“During 1968, 707 householders in the City were supplied with a home help and over the twelve months 186 new cases came on to the books. The figures below show the types of cases which were covered. One person only is represented from each household, but in actual fact far more people benefitted from the Service, as a large proportion of these households had more than one occupant needing care and attention.

Old age	...	...	...	...	586
Chronic Sick	...	...	...	...	60
Mentally disordered	...	...	...	...	6
Maternity	...	...	...	...	17
Others	...	...	...	...	38
					<hr/>
					707 households
					<hr/>

On the 1st April, the establishment was increased by one full time home help making the full time equivalent 51. Only three home helps actually worked a 40 hour week. The remainder of the time was allocated to part time staff who could offer morning work at the time when help in the home is most needed.

Number of home helps employed at the end of 1968 :

Full time — 3.                      Part time — 73.

We experienced for the first time this winter the longer dark mornings and the “ Dark Days before Christmas ” brought their problems. Some householders, quite understandably, felt that 8.30 a.m. and 9.0 a.m. was halfway through the night and found it difficult to get up at that time to admit the home help. Apart from that they were not always prepared to use their gas and electricity, thus adding to their expenditure. It also made the planning of weekly work far more difficult.

It is only necessary to provide many householders with one, or perhaps two periods of help each week, but a larger proportion of the home helps' time is now being allocated to people requiring daily help and a seven day service is often indicated. To enable hospital beds and Part III accommodation to be available for the really urgent cases, the co-operation and combined efforts of all the domiciliary services is more than ever essential in order to nurse and care for patients in their own homes. Without a doubt the home help is a very important link in the chain. This type of case can be very time consuming and the home help's tasks can be arduous and often very unpleasant. On occasions, in addition to her many other duties, incontinent washing has to be dealt with. Unfortunately, as a general rule, members of the public still do not appear to recognise the Home Help Service as being one of the essential social services. This is noticeable at the time of a bereavement when relatives acknowledge in the local press the valuable help given by the other members of the team; they very rarely remember the home help who contributed so much kindness and attention during the time of stress. If home helps get despondent, as they do at times, the gratitude shown by many of their old people gives them an incentive to carry on with their good work ”.

## CARE OF THE AGED

Because the main social and medical problem which faces the community services is the care and wellbeing of our old people, we have established a special geriatric section consisting of health visitor, geriatric nurse and social worker. They are concerned only with the needs of the elderly and carry out a great deal of valuable specialised visiting.

I am grateful to Miss Elizabeth Barling, Social Worker, for the following report.

“As the domiciliary services of the Geriatric Section have become better known, its work has increased. More and more patients are now being referred from the hospitals on discharge, from general practitioners and by relatives. With the co-operation of the Department of Health and Social Security and the Welfare Department, and the generous help we get from local voluntary organisations, too numerous to specify, it is usually possible to find a solution to such of their problems, social domestic, occupational, financial, as in the nature of things, are remediable.

Housing is the notable and important exception. Despite the contribution made by the Tybridge Street flats, there is still a large, unsatisfiable demand for one-person dwellings. Many elderly people, mostly physically handicapped and on their own, are occupying “family” Council houses or sub-standard private accommodation and are unable to secure a transfer to something smaller and more suitable.

Young people can afford to wait for suitable housing. But in the case of the old and the very old, hope deferred can have lethal effects and the geriatric workers are concerned at the plight of patients who are visibly going downhill because of unsuitable housing or unhappiness due to isolation by virtue of being housed in what to them is the wrong area of the City.



Appropriate housing cannot be provided overnight. But free bus passes at off-peak hours would greatly help the situation. Patients living in Dines Green, for example, have no chemist, and the value of a free prescription is diminished if they have to travel to St. Johns to have it made up. Old people in the Warndon area cannot afford to visit the invaluable Over Sixties Club in College Precincts. They prefer to shop in the City centre, not only because of the value if they "shop around," but because, for them it is an outing and a rare chance to see life and meet old friends. The fares to get them there, however, are more than they can manage and they therefore feel "imprisoned" on the Warndon heights.

At present, the Geriatric Section is almost exclusively called upon in crisis situations. A better service re-orientated towards the prevention of social and emotional isolation, squalor, malnutrition, under-occupation, financial and domestic mismanagement, with their accompanying physical and mental deterioration, could be provided if we were enabled to contact patients at an earlier stage. If, for example, it were possible to make contact with all citizens at pensionable age, the Geriatric Services provided by this Department could, over a ten year period, be both developed and transformed to the great benefit of the older folk themselves and also of their families. For the coverage we provide at present is far from complete and many three-generation families are suffering unnecessary stress for lack of knowledge of the help that the Department, acting as a link with statutory and voluntary bodies in the City, could provide.

There is a tremendous amount of goodwill in the City towards its older members. Many groups, particularly of young people, are anxious to tend gardens which are in need of care and control, to redecorate the flats of those who have no relatives, to clear away snow in winter and to do miscellaneous repairs. The problem is not to obtain the help but to identify the need, and if we had a register of older folk we could bridge this gap so that workers in the Section would hear less often the phrase: "if only we had known before that there were people like you about".

## Clinic for the Retired

Towards the end of the year we opened our first Screening Clinic for the Elderly, the main purpose being to keep people fit and active in their declining years rather than assail general practitioners and consultants with a vast amount of hitherto undiscovered complaints. The clinic was held at the Tything Nursing Institute and those attending experienced the following procedures :

- 1 Eye testing by way of the Keystone vision screener, a special questionnaire relating to the possibility of glaucoma being completed.
- 2 Hearing test by audiometer.
- 3 Examination of feet.
- 4 Pathological tests, viz :
  - (a) Urine
  - (b) A blood test to include haemoglobin, E.S.R., blood urea and blood film.
- 5 Nutritional assessment and advice.
- 6 Social investigation and advice.
- 7 General medical examination.

These examinations have proved, somewhat surprisingly, extremely popular with those who attended, principally because they found it immensely reassuring to have a leisurely and detailed investigation of their health. A full report on each person was sent to their general practitioner.

I am most grateful to Dr. Robin Steel, who despite the demands of a very busy practice, undertook the medical examinations for us and gave a great deal of thought to the organisation of the scheme.

## MENTAL HEALTH SERVICES

The main event in 1968 was the opening of the new Adult Training Centre, by Dr. A. M. Spencer, Medical Superintendent of Powick Hospital. This unit was started in existing premises in Perryfields in 1960. Since its inception the number of trainees grew steadily as it catered not only for handicapped patients of the City, but by agreement with Worcestershire County Council, those of a large area of South Worcestershire as well.

Increasing numbers and the introduction of new forms of training soon showed that there was a need for enlarged premises and though a prefabricated workroom was built in 1963, this was intended to be only an interim measure and was sited so that it could be included in a new centre to accommodate 80 persons.

The new premises will provide mainly long term care, will be run on industrial lines and benefit two classes of patients — those who after an initial period of preparation can secure outside employment, and long term trainees, a large proportion of whom are unable to hold an outside job and will require many years of supervision and occupation in the Centre.

A great deal of industrial sub-contract work is carried out at the new centre as to date it has been very successful. We try to make this work as varied as possible to suit the differing abilities of individual trainees, but it does depend to a great extent on what is available from local employers.

Dinners are prepared, cooked and served by the female trainees who are taught housecraft and laundry work. Male trainees receive instruction in woodwork, gardening, painting, bricklaying etc. There are daily opportunities for recreation, a weekly social club organised largely by the parents, while those who can benefit from elementary reading lessons receive appropriate instruction. Supervised work outside the centre by groups of trainees is also undertaken while those who can enter open employment are found suitable jobs.

Psychiatric help and medical care are also provided in the new centre, but these additional measures only emphasise the main principal on which this service is based — to ensure the happiness and wellbeing of the trainees by providing suitable instruction work and occupation in as normal and permissible an environment as possible.



I would like to thank Mr. Paul Griffith, Senior Mental Welfare Officer, for the following report.

### Staff Changes

In December, 1968, Miss Pat Rogers left to get married and to live in Bristol. Although she had been with us for only eighteen months she had become well known and liked by everyone connected with the service. In particular, she strengthened the link between the mental welfare officers and the Worcester Society for Mentally Handicapped Children to which organisation she was the Secretary. We wish her luck in her new appointment as mental welfare officer in Bristol.

Mrs. B. Wilson has now joined us, having worked previously as a social worker at Powick Hospital. Having had seven years experience in this field she will be a valuable member of the team.

Admissions to Powick Hospital during the year ended 31st December, 1968 :

			Male	Female	Total
Informal Admissions	...	...	119	182	301
Compulsory Admissions		...	41	31	72
Total Admissions	...		<u>160</u>	<u>213</u>	<u>373</u>

### Mentally Subnormal Patients

In Hospitals	...	...	...	57	36	93
Receiving Supervision	...	...	...	66	50	117
Admitted to Hospitals	...	...	...	3	1	4
Attending Lower Wick Junior Training Centre	...	...	...			25

## Community Care of the Mentally Ill

“In the case of our mental patients who are nearly half of all our hospital patients, we have decided to bring them all within the curtilage of our general hospitals. This was a decision based on principle. We wanted to teach the public to regard mental illness in the same way as they regard any other illness. We also wanted to bring standards of provision for mental patients up to those for other patients. The ugly old mental hospitals will be put under the plough. We are planning now for extensive home care programmes, out-patient facilities and day hospital facilities. By these means we hope to halve the number of mental beds in Britain over ten years ”

(B. Abel-Smith, 1962).

It has recently been reported in the local press that the Department of Health and Social Security has been conducting a survey into the possibility of putting just such a scheme into operation in this area. This could involve the closure of Powick Hospital and the building of a much smaller new district psychiatric hospital in Worcester.

In this event a much greater burden will be placed on the community. In meeting this challenge of mental illness, society will have to draw on all its resources. This will mean that hospital and domiciliary medical services as well as local authority and voluntary services will have to be brought to bear on mental illness. However, neither psychiatrists, mental welfare officers, nor patients will welcome the suggestion that home care is a substitute for hospital care, but all will appreciate more social workers and more support for the mentally ill. Hostels, too, play an important part and I am happy to say that plans are now being discussed to enlarge the capacity of Perryfields Hostel. Nor must we forget the valuable contribution of several tolerant landladies in Worcester who accept people who have been mentally ill despite the fact that they could doubtless recruit ‘ordinary’ lodgers quite easily.

The strategy of community care will succeed only if it is recognised that its strength lies in the multiplication and co-ordination of the several services which will increase its range and efficiency.

## Worcester Society for Mental Welfare

The help and support given to our Mental Health Service by the members of this Society is of very real importance. The standard of co-operation which they afford to us is almost unique and we know that we can rely on them for help in any difficulty, financial or otherwise. Apart from assistance in money and goods, their members have also undertaken a considerable amount of home visiting of some of our most intractable cases who have found a constant friendship and sympathy which they would otherwise be denied. It is a very real test of voluntary spirit and camaraderie to maintain a continuing service of this nature, particularly when the only reward is the often confused reliance of their clients and the grateful appreciation of their full time colleagues.

Mrs. Mary Lloyd, Honorary Secretary reports :

An increase in applications for assistance, both financial and otherwise, have resulted in a busy year for the Society. The following figures show the total number of cases where financial help was given :

Perryfields — Hostel	...	...	4	
Training Centre	...	...	1	
Family Unit	...	...	1	
City Cases	...	...	...	16 (several on more than one occasion)
				<hr/> 22 <hr/>

In addition to the above, fund raising efforts have enabled the Society to provide an outing to Slimbridge for the hostel residents and to continue sending a birthday card to each trainee during the year. Eighty-seven Christmas gifts were purchased and distributed by the Committee to the Perryfields units, City families and two hospital patients. A further increase in the work of the Committee is envisaged and it is hoped that the fund raising activities will be more successful in 1969.

The Society has been most grateful to the public for gifts of clothing, furniture, etc., and these have been passed on to the very needy families.

The continued co-operation and help given by the Mental Health Department has been much appreciated by the Society.



Perryfields.

I am indebted to Mr. W. Baylay, Manager/Superintendent of Perryfields, for the following reports.

### Adult Training Centre

The talking point amongst staff and trainees in 1968 was "When would we go into the new Training Centre?" What would it be like?". In June we found out. It was so spacious after the adapted buildings of the old centre that some of the trainees found it hard to adjust. Nevertheless, after a short while we were all acclimatised to the new surroundings.

We have come a long way since 1961 when we opened with eleven trainees. The number now exceeds sixty. Contracts, of course, have increased with the increased number of trainees and are now in full swing involving various types of work, and there is a good variety for every trainee. The additional contract work means, of course, that there is an increase in wages paid to the trainees.

As far as the grounds are concerned we have quite a lot of work to do to make them look pleasant. We are now building a terrace at one end of the new buildings and putting up steps leading to the playing fields.

The homecraft section is very successful. Some parents have sent word that their daughters are very, very good at home in helping now, whereas they used to do nothing before — making beds, washing and even cooking simple meals seems to be much improved. On the other hand, some parents will not even let them try after an extensive training here, so that it renders negative everything we do for them.

We have started swimming classes and a hard core of about nine trainees attend for instruction every week. The College of Education has kindly provided a swimming instructor who comes every week and reports that several of the trainees are now swimming, so we can call this venture a success.

In the educational field, we have two sessions per week of two classes per session. We have found through experience that when boys and girls come here at the age of sixteen and they cannot read or write, then we can do very little for them, but those who can read or write, we encourage. Again we have a qualified teacher who takes the classes and she reports that there is a great improvement.

For the summer outing it was decided to visit the Wildfowl Trust at Slimbridge. We did not choose a very good day for this as it was raining rather heavily when we set off and when we went through Gloucester we found the streets flooded and progress was very slow. However, on arrival at Slimbridge the rain had stopped and we were able to visit half the estate before lunch. During lunch and afterwards the rain was very heavy so we decided to call it a day and we made a tour in the coach of various towns before returning. In spite of all, everyone enjoyed themselves and had a good day.

We had our usual Christmas party — a turkey dinner with all the trimmings and a very good tea. The trainees all enjoyed themselves to music and dancing afterwards, singing and a film show. A good time was had by all.

I would like to take this opportunity of thanking all the staff for their co-operation throughout the year.

## Hostel

During the year there were eleven admissions: Seven male and four female. Two of the females were re-admissions.

There were eleven discharges, eight male and three female. Three of the males were found residential posts in hotels. Five were found accommodation in the City and all were employed. One of the three males returned to hospital, one female was reconciled with her husband and children and the third returned home.

During the year, 75% of the beds were occupied.

The residents at the moment have no homes of their own and they all need support in a hostel of this type. They are all working in industry and holding their own in this respect. I feel that the main reason why we are not getting a bigger turnover on admissions and rehabilitations, is due to modern chemical therapy. With all the new drugs on the market and modern treatments, patients are entering hospital and leaving in a very short time, returning to their homes and jobs and really not requiring rehabilitation. The hard core of residents remains with us — homeless and needing considerable support.



## Family Rehabilitation Unit

Once again the two flats comprising the rehabilitation unit have been put to good use. Two families have passed through the flats, one of whom was successfully rehabilitated and moved on to Council accommodation. Whilst little success was achieved with the other family they were at least afforded a period of time together following which they found their own accommodation in the County. There are now two new families in the flats, both of whom seem to be making satisfactory progress.

## Worcester Society for Mentally Handicapped Children

The work of this Society is known and appreciated by all with an interest in handicapped children to whose care and development they show a very real devotion. I am happy to present the report of Mrs. M. G. Higgs, Honorary Secretary.

1968 was a particularly progressive one for the Society. Fund raising activities included our usual Autumn Fayre and a draw (which raised £100) specifically to help the National Society for Mentally Handicapped Children with its experimental centre.

During the coming year we are hoping to establish a Play Group and to encourage parents of younger children to join the Society and to take part in our activities. The first five years are a very difficult time for parents who are still adjusting themselves to the reality that they have a mentally handicapped child. It is also vital that the groundwork of correct training be given to the child to help it develop its full potential.

We are also hoping to improve provision for the mentally handicapped in many other ways. Donations show us that the public are becoming increasingly aware of the problem of mental handicap and the needs to augment the services and amenities provided for the children and their families at public expense. This has enabled the Society to maintain its practice of making donations to suitable organisations and at the same time to build up its reserves so that a substantial sum can be made towards a major local project for the mentally handicapped.



Cases of infectious Diseases notified during the year 1968, classified in age groups

Notifiable Disease	Number of Cases Notified																										Grand Total		
	Age Groups																												
	Under 1 year		Over 1 and under 2		Over 2 and under 3		Over 3 and under 4		Over 4 and under 5		5 years—9 years		10 years—14 years		15 years—24 years		25 years—44 years		45 years—64 years		65 years and over		Age Unknown		Totals				
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Scarlet Fever .. .. .	—	—	1	—	1	2	1	1	2	18	10	2	—	—	—	—	—	—	—	—	—	—	—	—	24	15	39		
Whooping Cough .. .. .	—	1	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	2	4	6			
Acute Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Measles .. .. .	9	8	11	18	20	16	16	21	17	24	26	2	1	—	1	1	—	—	—	—	—	—	—	100	108	208			
Diphtheria .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dysentery .. .. .	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	2	3	5			
Meningococcal Infections ..	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	2		
Acute Pneumonia (Primary or Influenzal)	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Smallpox .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute Encephalitis (infective)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute Encephalitis (post infectious)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Enteric or Typhoid Fevers ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Paratyphoid Fever .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
Erysipelas .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Food Poisoning .. .. .	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	3	4		
Tuberculosis (Respiratory) ..	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2		
Tuberculosis (Non-Respiratory)	—	—	—	—	1	—	—	—	—	—	—	—	—	1	2	1	3	—	1	—	—	—	—	11	4	15			
Ophthalmia Neonatorum ..	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3			
Puerperal Pyrexia .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	2	2		
Infective Jaundice .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	2	6		
Totals ..	14	9	12	19	23	18	17	23	18	44	39	5	3	4	4	7	6	5	2	4	2	1	4	154	148	302			

## INFECTIOUS DISEASE

I should like to record my appreciation of the unflinching co-operation given to this Department by Dr. R. J. Henderson, Director of the Worcester Public Health Laboratory, and his staff.

**Diphtheria :** For the seventeenth successive year there has been no case of diphtheria in the City.

**Scarlet Fever :** There were 39 cases of scarlet fever, only one of which showed what might be termed pre-war severity.

**Whooping Cough :** 6 cases were reported, none of which had complications.

**Measles :** Although this year is supposed to be a measles year, only 208 cases were reported in contrast with the 933 for 1967.

**Dysentery :** 5 cases notified.

**Typhoid :** One case of typhoid occurred during the year, the patient having become ill while on holiday in Southern Italy. At the time he had been enjoying a protracted holiday and must have earlier on acquired the infection because frank symptoms of the disease were present on the day on which he left for home. This journey took three days and it is fortunate that he was travelling by car and for most of the time had little contact with the public of the several lands through which he passed.

Having regard to similar cases in the past, it would seem that those glossy travel brochures are not yet sufficiently emphasising the hazards of travel in certain countries, nor do they mention *Salmonella typhi* among the list of souvenirs which can be imported into this country without a customs declaration.

**Food Poisoning :** Only two cases of food poisoning were notified during the year and although this is undoubtedly an under estimate it is an indication that this melancholy condition was much less in evidence than in previous years.

**Infectious Hepatitis :** Infectious hepatitis was made notifiable in 1967 and six cases occurred during the year.

Venereal Disease : No new cases of syphilis were reported during the year and at a touching ceremony at the Worcester Royal Infirmary a pair of white gloves were presented to the visiting consultant. However, to show that the old Adam still stalks through our plains of rectitude, there was an increase to 32 in new cases of gonorrhoea.

Other venereal conditions, some so exotic as to defy description, also decreased in number.

First attendances at the special clinic at the Worcester Royal Infirmary were as follows :

				1968	1967	1966
Syphilis	...	...	...	—	2	3
Gonorrhoea	...	...	...	32	20	28
Other conditions		...	...	106	111	105
				<hr/>	<hr/>	<hr/>
	Total	...		138	133	136
				<hr/>	<hr/>	<hr/>



## OTHER HEALTH DEPARTMENT SERVICES

### (a) **Housing Reports**

The Medical Officer of Health acts as adviser to the Housing Committee and its officers in the allocation of extra medical points to applicants for Council housing. This is a very useful adjunct of my work as it brings me into contact with many ill or troubled persons who may need other forms of help as well as housing. During the year, 120 applications of this nature were investigated in addition to numerous requests for a transfer to other accommodation also on medical grounds.

### (b) **Nursing Homes**

There are two private nursing homes within the confines of the City and these were inspected at appropriate intervals.

### (c) **Examination of Plans**

All plans are vetted by the Medical Officer of Health and the Chief Public Health Inspector. This is a very useful chore, though after a prolonged session it is the officers rather than the applicants that are likely to gang aft agly. During 1968, 1,140 plans were scrutinised.

### (d) **National Assistance Act, 1948, Section 47 and National Assistance (Amendment) Act, 1951.**

Compulsory removal to hospital or old persons' home was undertaken six times during the year. In four instances removal was dictated by the urgent necessity to secure adequate treatment for a neglected person, one of whom was so ill that she died shortly after admission.

### (e) **Medical Examinations**

Health Department medical staff examined 307 local authority staff for fitness to take up new appointments, 68 persons for fitness to attend a training college and 6 teachers on first appointment. This work continues to increase.

### (f) **Cremations**

1,162 medical certificates were scrutinised by the Medical Referee and his Deputy during the year.

**(g) International Certificates**

375 international certificates were scrutinised during the year.

**(h) Vaccination against Anthrax**

During the year, vaccination against anthrax was given to employees at the Slaughterhouse and at a local Tannery as follows :

			Completed Primary	1 Dose only	2 Doses only	Booster Doses
Slaughterhouse	...	...	9	—	—	5
Tannery	...	...	—	—	6	13
			—	—	—	—
			9	—	6	18
			—	—	—	—

**MR. CHARLES WEBB**

Mr. Webb retired from Corporation service in November, 1968. He had been employed by the City Council since 1921 and apart from his duties in the Health Department was distinguished by a profound knowledge of the vagaries and temperament of the River Severn. He is a member of an old Worcester family who have long looked on the river as their preserve. As a result, in time of flood, Mr. Webb forsook his normal duties of van driving and disinfection to rescue those in danger and to bring relief to marooned households. On such occasions when some of our streets assumed the aspect of a depressed Venice, Mr. Webb's knowledge of the currents was unique and his cheerful, engaging personality a heart lift in itself. His familiarity with the river was put to an even sadder use at times, for his advice was often asked by the police as to whereabouts of drowned persons whose bodies had not been recovered.

Mr. Webb is a man of great kindness and courtesy, a link with more robust and eventful days, and will be greatly missed by his colleagues.

## ENVIRONMENTAL HYGIENE

Report of Mr. T. W. Marsden, M.R.S.H., M.A.P.H.I., Chief Public Health Inspector.

### DRAINAGE AND SEWERAGE

The rebuilding and enlarging of the sewage treatment plant is almost complete, and following this major work, there remains the costly task of enlarging and repairing old sewers which have for some years been overloaded.

There are 82 houses drained to septic tanks or cesspits. There are no houses which have to rely on pail closets.

### OFFENSIVE TRADES.

At the end of the year, the following premises were in operation :

			<i>Old</i>		<i>Annual</i>	
			<i>Established</i>		<i>Licence</i>	<i>Total</i>
Fellmongers	...	...	...	1	—	1
Hide and Skin Dealers			...	—	1	1
Rag and Bone Dealers			...	—	2	2

### RAG FLOCK ACT, 1951

There is one establishment registered under the Rag Flock Act.

### ANIMAL BOARDING ESTABLISHMENTS ACT, 1963.

There is one establishment registered under the above Act which has been inspected.

### PET ANIMALS ACT, 1951.

Two premises are registered under the above Act and have been inspected.

### PHARMACY AND POISONS ACT, 1958.

Twenty-five licences have been issued under the above Act.



## CLEAN AIR ACT, 1956-1968.

## Industrial

1. Dark smoke	Number of contraventions recorded	...	7
	(a) successful prosecutions	... ..	Nil
	(b) unsuccessful prosecutions	... ..	Nil
2. Furnaces (Section 3)	(a) notifications received	... ..	7
	(b) application for prior approval	... ..	7
	(c) number of applications granted	... ..	7
3. Grit and Dust emissions (section 5)	(a) number of contraventions	... ..	1
5. Height of chimneys	(a) number of plans submitted showing new chimneys	... ..	7
	(b) number of cases in which alterations were required	... ..	3
	(c) number approved	... ..	7
	(d) number of chimneys erected not complying with the approval plans	... ..	Nil
	(e) number of chimneys erected outside the control of Section 10	... ..	6
Domestic	Nil		

## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

Annual Report for the year ending 31st December, 1968, as required by Section 60 (1) of the above Act.

## 1. REGISTRATION AND INSPECTION.

All registered premises have now received their initial inspection, and routine re-inspection of premises is well in hand.

A total of 81 new premises registered with the local authority during the year, but still a number of employers are unaware of the need to register their premises on occupation.

Since the commencement of the Act, there have been 1,520 General Inspections carried out, necessitating the service of some 505 notices and letters, listing 2,982 contraventions.

## 2. OPERATION OF THE GENERAL PROVISIONS OF THE ACT.

### SECTION 4 (CLEANLINESS).

On the whole, the standard of cleanliness seems to have improved, but still poor conditions are being found in the smaller premises and in premises where inadequate storage facilities are provided.

In many shops which carry large stocks, the occupier does not see the walls of his store-rooms for many months, consequently a buildup of dirt and dust is inevitable.

It was often found on inspection of this sort of premises that when the shop-keeper was doing well, he had insufficient time to pay attention to decoration etc., and when trade fell off he decided that such works were unjustified.

### SECTION 5 (OVERCROWDING).

There were no difficulties under this Section of the Act during the year, and when overcrowding was brought to the notice of the employer, redeployment of the staff was the solution.

A minor problem concerning temporary staff who overcrowded offices for a few hours each week was generally solved in a similar manner.

### SECTION 6 (TEMPERATURE) : SECTION 7 (VENTILATION).

Many problems arising from the maintenance of a reasonable temperature were closely associated with that of providing adequate ventilation to the premises.

The provision of suitable and sufficient ventilation was a problem in one shop where use had been made of an excessive number of display lights, consequently causing a great rise in the temperature of the shop towards the end of the day. In this instance full air conditioning was necessary, and it was duly provided.

### SECTION 8 (LIGHTING).

New offices and shops had on the whole a very good standard of lighting, this is undoubtedly due to the almost complete use of fluorescent fittings.

The older premises together with a number of passages and store-rooms in new premises still have a poor standard of lighting.

## SECTION 9 (SANITARY CONVENIENCES) ; SECTION 10 (WASHING FACILITIES).

A steady improvement in the condition of sanitary accommodation and washing facilities was noted, and in only two instances was mechanical ventilation used as an alternative to the provision of an intervening ventilated space, where it was found impractical to do so.

The two exemptions relating to the provision of hot running water were withdrawn at the end of the year. One due to the premises closing and the other due to satisfactory alternative facilities being provided.

## SECTION 11 (DRINKING WATER).

A number of employers were unwilling to provide drinking water facilities away from the general sanitary facilities. This was mainly due to the cost involved.

No drinking water supply was allowed to be taken from a tap situated within a water closet compartment.

## SECTION 16 (FLOORS, PASSAGES AND STAIRS).

Many defects in construction and maintenance of floor and floor coverings were found.

In view of the fact that 38% of the accidents reported to the local authority concerned falls of some kind or another, particular attention has been paid to floor conditions. The mat well at shop and office entrances always seem to be neglected, and one or two serious falls have resulted where wear has taken place.

During the year, permission was obtained from the local authority to apply to the magistrates' court for an order under Section 22 (1) of the Act to prohibit the use of a staircase.

This staircase was a real "Heath Robinson" affair constructed in the form of a spiral. There were fourteen treads mounted on a metal central column. The wooden treads were  $16\frac{1}{2}$ " in length and tapered from  $3\frac{1}{4}$ " to 7" in width. They were bolted onto metal supports, and the bolts protruded  $1\frac{1}{4}$ " below the treads, making a dangerous obstruction to persons approaching the stairs from the ground floor.



The open side of the treads was unguarded and the opening through which one emerged onto the first floor was obstructed and also unguarded. The headroom at the opening was governed by the slope of the roof which restricted the height to between 3' 6" and 5' 4". This was the only means of access to the toilets and washing facilities.

The staircase was constructed by a former occupant who evaded proceedings under this Act, by receiving a prison sentence for a more serious offence. The staircase has now been removed.

#### SECTIONS 17, 18, 19 (MACHINERY).

A number of instances of unguarded machinery came to our notice during the year. Fortunately only one accident has been reported under this section of the Act.

The accident referred to occurred on a gravity feed meat slicer where an employee received a badly cut hand after removing the "end slice" device whilst slicing salami. A formal warning was issued to the employer on this occasion. It was felt that in view of the fact that the employee should not have been using the machine for this purpose, and that she had removed the guard herself, that a prosecution was not warranted against the firm concerned.

#### SECTION 24 (FIRST AID).

Fifty-one instances of depleted first aid boxes were found on inspection.

#### SECTION 50 (INFORMATION FOR EMPLOYEES).

In 63 premises inspected an Abstract of the Act was neither exhibited nor available for use by the staff.

## APPENDIX "A"

*Infringements of the Act and Regulations made thereunder*

Number of Notices served — 81

Number of Defects found — 404

	<i>No. of Defects</i>	<i>% of whole</i>	<i>% of Premises Visited</i>
SECTION 4 (CLEANLINESS) ...	34	8·42	5·39
SECTION 6 (TEMPERATURE)	52	12·88	8·24
SECTION 7 (VENTILATION) ...	28	6·94	4·44
SECTION 8 (LIGHTING) ...	9	2·23	1·43
SECTION 9 (SANITARY ACCOMMODATION)	66	16·34	10·46
SECTION 10 (WASHING FACILITIES)	27	6·69	4·28
SECTION 11 (DRINKING WATER)	1	0·25	0·16
SECTION 12 (CLOTHING ACCOMMODATION)	7	1·74	1·11
SECTION 16 (FLOORS, PASSAGES AND STAIRS)	53	13·03	8·40
SECTIONS 17 AND 19 (MACHINERY)	10	2·48	1·59
SECTION 24 (FIRST AID) ...	51	12·64	8·08
SECTION 49 (REGISTRATION)	3	0·75	0·48
SECTION 50 (ABSTRACT OF THE ACT)	63	15·61	9·98

## APPENDIX "B"

## ACCIDENTS

Number of Accidents Notified — — 50

Number of Accidents Investigated — 22

(28 Accidents were not investigated due either to late notification or to being of a trivial nature).

<i>Persons sustaining Injury</i>				<i>Place of Accident</i>			
Man	...	17	(34%)	Office	...	6	(12%)
Woman	...	27	(54%)	Shop	...	17	(34%)
Boy	...	2	(4%)	Warehouse	...	22	(44%)
Girl	...	4	(8%)	Catering			
				Estab.		5	(10%)

*Type of Accident*

Falls	...	...	...	...	...	...	19 (38%)
Striking against an object or being struck by an object	...	...	...	...	...	...	16 (32%)
Machinery and Transport	...	...	...	...	...	...	3 (6%)
Use of Hand Tools	...	...	...	...	...	...	5 (10%)
Miscellaneous	...	...	...	...	...	...	7 (14%)

*Nature of Injury*

Fractured Limbs	...	...	...	...	...	...	7 (14%)
Sprains and Strains	...	...	...	...	...	...	9 (18%)
Open Wounds	...	...	...	...	...	...	14 (28%)
Bruising, Crushing and Concussion	...	...	...	...	...	...	17 (34%)
Burns	...	...	...	...	...	...	1 (2%)
Miscellaneous	...	...	...	...	...	...	2 (4%)

*Site of Injury*

Head	...	...	...	...	...	...	5 (10%)
Back	...	...	...	...	...	...	10 (20%)
Upper Limbs	...	...	...	...	...	...	16 (32%)
Lower Limbs	...	...	...	...	...	...	18 (36%)
Multiple	...	...	...	...	...	...	1 (2%)



# FACTORIES ACT, 1961.

1. Inspections for the purpose of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	29	11	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	324	36	16	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	20	21	1	—
Total ..	373	68	17	—

## 2. Cases in which Defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness ... ..	3	3	—	—	—
Overcrowding ... ..	—	—	—	—	—
Unreasonable temperature ... ..	—	—	—	—	—
Inadequate ventilation ... ..	3	3	—	1	—
Ineffective drainage of floors ... ..	—	—	—	—	—
Sanitary Conveniences :					
(a) insufficient ... ..	—	—	—	—	—
(b) unsuitable or defective ... ..	6	6	—	3	—
(c) not separate for sexes ... ..	—	—	—	—	—
Other offences against the Act not including offences relating to Outwork ... ..	—	—	—	—	—
Total ... ..	12	12	—	4	—

### 3. Outwork (Sections 133 and 134).

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list	Cases of default in sending lists	Prosecutions for failure to supply list	Instances of work in unwholesome premises	Notices served	Prosecutions
Making etc., of apparel ...	527	—	—	—	—	—
Furniture and upholstery ...	10	—	—	—	—	—
Nails, Rivets and Staples ...	—	—	—	—	—	—
Carding, etc., of buttons, etc.	—	—	—	—	—	—
Total ...	537	—	—	—	—	—



SUMMARY OF ROUTINE WORK OF THE PUBLIC HEALTH INSPECTORS.

<i>Nature of Visits, Inspections, etc.</i>							<i>Number of Visits, etc.</i>
Accumulations	...	...	...	...	...	...	109
Animals	...	...	...	...	...	...	42
Ashbins	...	...	...	...	...	...	Nil
Bakehouses	...	...	...	...	...	...	23
Canal Boats	...	...	...	...	...	...	Nil
Cesspits	...	...	...	...	...	...	Nil
Clean Air Act	...	...	...	...	...	...	15
Closets : Water	...	...	...	...	...	...	12
Pail	...	...	...	...	...	...	1
Dairies	...	...	...	...	...	...	46
Dangerous Structures	...	...	...	...	...	...	20
Ditches and Water Courses	...	...	...	...	...	...	38
Drains : Inspections	...	...	...	...	...	...	649
Smoke Tests	...	...	...	...	...	...	24
Colour Tests	...	...	...	...	...	...	72
Entertainments Houses	...	...	...	...	...	...	Nil
Exhumations	...	...	...	...	...	...	Nil
Factories : Power	...	...	...	...	...	...	36
Non-Power	...	...	...	...	...	...	11
Other	...	...	...	...	...	...	21
Food : Manufacturing Premises	...	...	...	...	...	...	33
Examinations	...	...	...	...	...	...	324
Shops and Warehouses	...	...	...	...	...	...	358
Vehicles	...	...	...	...	...	...	101
Hotels and Restaurant Kitchens	...	...	...	...	...	...	151
Houses : Let-in-lodgings	...	...	...	...	...	...	265
Overcrowding	...	...	...	...	...	...	33
Vermin	...	...	...	...	...	...	65
Section 17	...	...	...	...	...	...	109
Section 42	...	...	...	...	...	...	159
Public Health Act	...	...	...	...	...	...	2,153
Hairdressers	...	...	...	...	...	...	7
Ice Cream : Shops	...	...	...	...	...	...	24
Manufacturers	...	...	...	...	...	...	8
Infectious Disease Visits	...	...	...	...	...	...	195
Lectures	...	...	...	...	...	...	16

Nature of Visits, Inspections, etc., (Cont'd)							Number of Visits etc.
Licensed Premises	...	...	...	...	...	...	75
Markets	...	...	...	...	...	...	63
Merchandise Marks Act	...	...	...	...	...	...	1
Miscellaneous Nuisances	...	...	...	...	...	...	133
Noise	...	...	...	...	...	...	155
Offensive Trades	...	...	...	...	...	...	5
Offices, Shops and Railway Premises Act :							
Inspections	...	...	...	...	...	...	1,240
Accidents Investigated	...	...	...	...	...	...	22
Outworkers	...	...	...	...	...	...	10
Pet Animals Act	...	...	...	...	...	...	3
Rent Act	...	...	...	...	...	...	1
Rodent Control	...	...	...	...	...	...	108
Sampling : Bacteriological :							
Milk	...	...	...	...	...	...	167
Cream	...	...	...	...	...	...	4
Ice Cream	...	...	...	...	...	...	19
Food	...	...	...	...	...	...	26
Swabs and Rinses	...	...	...	...	...	...	17
Sewer Swabs	...	...	...	...	...	...	248
Chemical :							
Milk	...	...	...	...	...	...	180
Cream	...	...	...	...	...	...	10
Ice Cream	...	...	...	...	...	...	Nil
Food and Drugs	...	...	...	...	...	...	112
Food (Complaints)	...	...	...	...	...	...	9
Fertiliser and Feeding Stuffs	...	...	...	...	...	...	16
Formal samples	...	...	...	...	...	...	101
Water : Tap, Swimming							
Baths, etc.	...	...	...	...	...	...	56
Schools	...	...	...	...	...	...	23
Septic Tanks	...	...	...	...	...	...	17
Sewers	...	...	...	...	...	...	38
Shops Act	...	...	...	...	...	...	1
Slaughterhouses : Public							
Private (Upton-on-Severn R.D.C.)	...	...	...	...	...	...	172
Smoke : Inspections	...	...	...	...	...	...	15
Observations	...	...	...	...	...	...	48
Special Visits	...	...	...	...	...	...	59
Tips	...	...	...	...	...	...	667
Van Dwellings	...	...	...	...	...	...	15
Water Supply	...	...	...	...	...	...	8
Wells	...	...	...	...	...	...	116
	...	...	...	...	...	...	Nil

# **Number of Notices served and Summary of Work carried out during the Year.**

Number of Preliminary Notices served	...	...	...	74
Number of Verbal Notices	...	...	...	165
Number of Notice Letters Re : Noise	...	...	...	6
Re : Houses in Multiple Occupation				16
Re : Housing Defects	...			100
Re : Food Hygiene	...			139
Re : Factories	...	...		16
Re : Miscellaneous Nuisances				71
Re : Offices, Shops and Railway Premises Act				72
Re : Clean Air Act	...	...		20
Re : Prevention of Damage by Pests Act				17
Number of Notices (Statutory) served :				
Public Health Act, 1936, Section 39	...	...		13
Section 45	...	...		5
Section 93	...	...		22
Section 138	...	...		5
Public Health Act, 1961, Section 15	...	...		2
Section 26	...	...		1
Housing Act, 1957. Section 15	...	...	...	2
Clean Air Act, 1956, Section 16	...	...	...	2
Noise Abatement Act, 1960	...	...	...	1
Offices, Shops and Railway Premises Act, 1963	...			81
Number of Complaints received and investigated	...			625
Number of Notices sent regarding infectious diseases	...			43
Keeping of Animals	...	...	...	2
Accumulations	...	...	...	28
Vermin	...	...	...	1
Rats and Mice	...	...	...	13
Dustbins	...	...	...	2
Drains Cleared	...	...	...	48
Drains Repaired	...	...	...	34
Water Closets	...	...	...	30
Cesspools	...	...	...	1
Septic Tanks	...	...	...	Nil
Water Supply	...	...	...	13
Paving	...	...	...	6



Roofs	...	...	...	...	...	...	...	36
Spoutings	...	...	...	...	...	...	...	25
Chimneys	...	...	...	...	...	...	...	15
Dampness	...	...	...	...	...	...	...	29
Sinks	...	...	...	...	...	...	...	11
Windows	...	...	...	...	...	...	...	46
Floors	...	...	...	...	...	...	...	19
Walls, External	...	...	...	...	...	...	...	22
Walls, Internal	...	...	...	...	...	...	...	24
Ceilings	...	...	...	...	...	...	...	17
Staircases	...	...	...	...	...	...	...	1
Doors	...	...	...	...	...	...	...	6
Fireplaces	...	...	...	...	...	...	...	3
Offensive Trades	...	...	...	...	...	...	...	Nil
Clean Air	...	...	...	...	...	...	...	4
Noise Nuisance	...	...	...	...	...	...	...	4
Overcrowding	...	...	...	...	...	...	...	5
Factories : Cleanliness	...	...	...	...	...	...	...	Nil
Temperature	...	...	...	...	...	...	...	Nil
Ventilation	...	...	...	...	...	...	...	4
Lighting	...	...	...	...	...	...	...	3
Sanitary Accommodation	...	...	...	...	...	...	...	3
Welfare Regulations	...	...	...	...	...	...	...	Nil
Offices, Shops and Railway Premises :								
Overcrowding	...	...	...	...	...	...	...	Nil
Heating	...	...	...	...	...	...	...	52
Lighting	...	...	...	...	...	...	...	9
Ventilation	...	...	...	...	...	...	...	28
Accommodation for Clothing	...	...	...	...	...	...	...	7
Seating	...	...	...	...	...	...	...	Nil
Cleanliness	...	...	...	...	...	...	...	34
Washing Facilities	...	...	...	...	...	...	...	27
Sanitary Accommodation	...	...	...	...	...	...	...	66
Drinking Water	...	...	...	...	...	...	...	1
Eating Facilities	...	...	...	...	...	...	...	Nil
No Abstract provided	...	...	...	...	...	...	...	63
Stairs and Floors etc.	...	...	...	...	...	...	...	53
Fencing	...	...	...	...	...	...	...	10
First Aid	...	...	...	...	...	...	...	51

## Food Hygiene Regulations :

Wash hand basins	...	...	...	...	...	6
Sinks	...	...	...	...	...	3
Internal Structural Repairs	...	...	...	...	...	44
Cleansing	...	...	...	...	...	33
First Aid Equipment	...	...	...	...	...	3
Hot and Cold water	...	...	...	...	...	14
Equipment	...	...	...	...	...	18
Personal Hygiene	...	...	...	...	...	18
Clothing Accommodation	...	...	...	...	...	Nil

## RODENT CONTROL

The following table summarises the work carried out by the staff of one Rodent Officer and one Rodent Operative.

Number of Complaints received	...	...	...	...	436
Number of Inspections carried out	...	...	...	...	674
Number of Treatments carried out	...	...	...	...	622

## Types of Properties Treated :

Number of Treatments (Local Authority Properties)	...	...	...	...	110
Number of Treatments (Dwelling Houses)	...	...	...	...	261
Number of Treatments (Business Premises)	...	...	...	...	39
Number of re-visits during treatments	...	...	...	...	1,425
Number of Smoke and Drain Tests	...	...	...	...	6
Number of Inspections made with no treatments	...	...	...	...	52
Number of Treatments to River, Canal and Brook Banks	...	...	...	...	176
Inspections and Treatments of Tips, Allotments, Playing Fields and Parks	...	...	...	...	168

These figures include visits to hospitals, clinics, school meal kitchens, schools, tipping ground, public slaughterhouse and sewage disposal works, treatments being carried out where and when necessary.

1,000 sewer manholes were treated by outside contract during the year in the areas where rats were most prevalent.

Approximately 6,420 rats were exterminated according to the figure formula of the Ministry of Agriculture, Fisheries and Food Poisons Estimates.

**MILK****Bacteriological examinations.**

<i>Type of Milk</i>	<i>Test</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Void</i>	<i>Total</i>
Pasteurised Milk	Methylene Blue	91	1	4	96
Pasteurised Milk	Phosphatase	96	—	—	96
Sterilised	Turbidity	42	—	—	42
U.H.T.	Colony Count	7	—	—	7
Milk (Untreated)	Biological	18	(Ring Test +) 4	—	22

**Chemical Examinations.**

<b>Raw Milk</b> , informal samples taken	...	...	...	...	138
Found deficient in fat	...	...	...	...	43
Found deficient in solids non fat	...	...	...	...	8
<b>Raw Milk (Channel Island)</b> informal samples taken	...	...	...	...	42
Found deficient in fat	...	...	...	...	1
Found deficient in solids non fat	...	...	...	...	1
<b>Cream</b> , informal samples taken	...	...	...	...	10
Found deficient in fat	...	...	...	...	Nil

Of the samples found to be deficient in milk fat the consignments from five farms failed to reach the required standard on bulking. Formal samples of these consignments were taken.

Formal samples were also taken of the samples found to be deficient in solids non fat.

**Formal Samples**

Milk	...	...	...	...	...	...	56
Milk — “Appeal to Cow”	...	...	...	...	...	...	45

Formal sampling revealed that one consignment was genuine and the other four farms were visited for “appeal to cow” samples.

On appeal, three farms were found to be producing genuine milk of poor quality. At the other farm it was found that there had been  $3\frac{1}{2}$  gallons of extraneous water in the consignment of 98 gallons of milk resulting in a successful prosecution.

**Other Bacteriological Examinations****Ice Cream**

Nineteen samples were taken with the following results :

Grade 1	...	...	...	...	...	...	10
Grade 2	...	...	...	...	...	...	6
Grade 3	...	...	...	...	...	...	1
Grade 4	...	...	...	...	...	...	2
Swabs of ice cream plant	...	...	...	...	...	...	7



# Bacteriological Examinations made as a result of investigation or complaint.

Vending machine produce	...	...	...	...	...	...	5
Biscuits	...	...	...	...	...	...	1
Corned Beef	...	...	...	...	...	...	1
Fertilizer	...	...	...	...	...	...	2
Sludge	...	...	...	...	...	...	1
Soil	...	...	...	...	...	...	1
Water	...	...	...	...	...	...	1
Sardines	...	...	...	...	...	...	1
Tongues	...	...	...	...	...	...	1
Polska Sausages	...	...	...	...	...	...	12
Cream	...	...	...	...	...	...	4
Rinse of Milking Machinery	...	...	...	...	...	...	2
Churn rinses	...	...	...	...	...	...	8

## Other Chemical Examinations

Apples	...	...	...	...	...	...	2
Butter	...	...	...	...	...	...	13
Canned Fruit	...	...	...	...	...	...	3
Canned Meats	...	...	...	...	...	...	6
Coffee	...	...	...	...	...	...	3
Cheese	...	...	...	...	...	...	3
Dates	...	...	...	...	...	...	1
Evaporated Milk	...	...	...	...	...	...	3
Faggots	...	...	...	...	...	...	3
Fish Cakes	...	...	...	...	...	...	3
Fruit Drinks	...	...	...	...	...	...	6
Ice Cream	...	...	...	...	...	...	3
Jam	...	...	...	...	...	...	2
Margarine	...	...	...	...	...	...	3
Meat Paste	...	...	...	...	...	...	5
Meat Pies	...	...	...	...	...	...	3
Pork Pies	...	...	...	...	...	...	6
Salmon	...	...	...	...	...	...	3
Sauces	...	...	...	...	...	...	5
Sausage	...	...	...	...	...	...	6
Sweets	...	...	...	...	...	...	2
Tea	...	...	...	...	...	...	2
Miscellaneous	...	...	...	...	...	...	16
Milk Containers	...	...	...	...	...	...	6
Chimney Smuts	...	...	...	...	...	...	4

## Pesticides in Food Survey :

Canned Strawberries	...	...	...	...	...	1
---------------------	-----	-----	-----	-----	-----	---

**Food Premises — Food Hygiene (General) Regulations, 1960.**

Main Trade Class	Number of premises	Number complying with Reg. 16	Number to which Reg. 19 applies	Number of premises complying with Reg. 19
Bakers ...	7	7	7	7
Butchers ...	53	53	53	53
Cafes', Restaurants, Snack Bars ...	54	54	54	54
Confectioners Flour ...	14	14	14	14
Confectioners Sweets ...	62	62	30	32
Fish and Chips ...	24	24	24	24
Fishmongers ...	19	19	19	19
Greengrocers ...	51	51	51	51
Grocers ...	170	170	170	170
Public Houses ...	127	127	127	127
Off Licences ...	47	47	47	47
Social Clubs ...	55	55	55	55
Supermarkets ...	12	12	12	12
Warehouses ...	18	18	18	18
Works Canteens and School Kitchens ...	50	50	50	50

**Fertilisers and Feeding Stuffs Act.**

Eight informal samples of fertilisers and eight informal samples of feeding stuffs were taken during the year. All were found to be satisfactory within the allowed limits of variation.

### **Foodsuffs (other than Butcher's Meat at Slaughterhouses) condemned during the year.**

Tinned Foods (11,320 tins)	...	...	...	16,489 lbs.
Fish	...	...	...	2 408 lbs.
Meat	...	...	...	1,739 lbs.
Miscellaneous Foods (Cereals etc.)	...	...	...	703 lbs.

Total — 9 tons, 10 cwts, 2 qtrs, 3 lbs.

### **Meat Inspection**

Weight of Meat and Offals condemned at Public Slaughterhouse  
52,782 lbs.

Total — 23 tons, 11 cwts, 1 qtr., 2 lbs.

### **Prosecutions**

(1) Sale of Mouldy Cake	...	...	...	Fined £10
(2) Sale of Mouldy Sponge Cake	...	...	...	Fined £15
(3) Failure to comply with Nuisance Order	...	...	...	Fined £2
(4) Failure to comply with Nuisance Order	...	...	...	Fined £2
(5) Failure to comply with Nuisance Order	...	...	...	Fined £25
(6) Sale of Adulterated milk (9 charges)	...	...	...	Fined £90
(7) Sale of mouldy sausages	...	...	...	Fined £30

In addition the Health Committee gave instruction to issue warnings to 17 traders for offences in conjunction with the sale of food in contravention of the requirements of the Food and Drugs Act.

### **Liquid Egg (Pasteurisation) Regulations, 1963.**

There are no egg pasteurisation plants in the district.

### **Poultry Inspection.**

There are no poultry processing premises in the district.



## Carcases and Offal Inspected and Condemned in whole or in part

79

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	3,776	1,131	239	60,618	11,288
Number inspected	3,776	1,131	239	60,618	11,288
<i>All diseases except Tuberculosis and Cysticerci</i>					
Whole carcases condemned	9	48	21	201	60
Carcases of which some part or organ was condemned	704	647	—	3,639	1,214
Percentage of the number inspected affected with disease other than tuberculosis	18.88	61.45	8.78	6.33	11.28
<i>Tuberculosis only</i>					
Whole carcases condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	133
Percentage of the number inspected affected with tuberculosis	—	—	—	—	1.17
<i>Cysticercosis</i>					
Carcases of which some part or organ was condemned	14	3	—	—	—
Carcases submitted to treatment by refrigeration	14	3	—	—	—
Generalised and totally condemned	—	—	—	—	—

## Housing

### (1) Common Lodging Houses

There are no registered common lodging houses in the City. The Reception Centre which the Welfare Department maintained for many years in conjunction with the Ministry of Social Security closed down on the 31st October, 1968.

### (2) Houses in Multiple Occupation

There are 86 houses in multiple occupation. They have not presented any serious problems and in the main are well kept.

### (3) Slum Clearance

The rate of slum clearance was maintained during the year. Two small clearance areas were declared :

London Road Clearance Area No. 1 ... 7 unfit houses

Tallow Hill Clearance Area No. 1 ... 3 unfit houses

In addition to Areas 76 individual unfit houses were represented.

The progress in Slum Clearance to the end of 1968 was as follows :

Unfit houses represented to Health Committee ...	2,082
Tenants rehoused ... ..	1,519
Sub-tenants rehoused ... ..	122
Tenants and sub-tenants who found own accommodation ... ..	240
Houses vacant when represented ... ..	104
Houses demolished under Housing Act orders ...	1,534
Unfit houses demolished privately by owners ...	49
Houses closed on Closing Orders ... ..	108
Houses made fit and removed from programme ...	77

During the year 47 houses were demolished under the Housing Act, 6 houses were converted to other uses, 15 fit houses were demolished to facilitate redevelopment of the sites, 20 houses were converted into flats providing a further 43 units of dwelling accommodation.

### (4) Re-housing

The City Council completed 186 new houses during the year, and 82 families were rehoused from unfit houses.

Also during the year 424 privately built houses were completed.

**Rent Act, 1957**

There were two applications for certificates during the year.

**HOUSING STATISTICS****1. Inspection of Dwelling-houses during the Year :**

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..	937
(b) Number of inspections made for the purpose	2,686
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under Housing Consolidated Regulation, 1925, 1932 ... ..	87
(b) Number of inspections made for the purpose	146
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	87
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for habitation ... ..	46

**2. Remedy of Defects during the Year without service of formal notices :**

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... ..	23
--	----

**3. Action under statutory Powers during the Year :**

(a) Proceedings under Section 9, Housing Act, 1957 :	
(1) Number of dwelling-houses in respect of which notices were served requiring repair ...	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices :	
(a) By Owners ... ..	Nil
(b) By Local Authority in default of owners	Nil



## (b) Proceeding under Public Health Act, 1936 :

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	... ..	23
(2) Number of dwelling-houses in which defects were remedied after service of formal notices		
(a) By owners	... ..	23
(b) By Local Authority in default of owner		Nil

## (c) Proceedings under Sections 16, 17, 23 and 28 of the Housing Act, 1957 :

(1) Number of dwelling-houses in respect of which Demolition Orders were made	...	65
(2) Number of dwelling-houses in respect of which Closing Orders were made	... ..	10
(3) Number of dwelling-houses demolished in pursuance of demolition orders	... ..	36
(4) Number of Demolition Orders determined	...	Nil
(5) Number of Closing Orders determined	...	5
(6) Number of dwellings closed on undertaking		Nil
(7) Number of reconditioning schemes accepted		1
(8) Number of demolition orders substituted for Closing Order	... ..	1

## (d) Proceedings under Section 18, Housing Act, 1957 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	... ..	2
(2) Number of undertakings accepted to close houses for human habitation	... ..	Nil
(3) Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit	... ..	Nil
(4) Reconditioning schemes accepted in respect of dwelling-houses	... ..	Nil

## WATER SUPPLY

The City's domestic supply is all obtained from the River Severn and treated by settlement, filtration and chlorination.

There is no plumbo-solvent action in the water.

The average daily consumption for all purposes is 4,313,227 gallons or 60·5 gallons per head per day.

There is a separate piped supply to 24,156 houses with a population of 70,928. 101 houses with a population of 292 share taps in common wash-houses. There are no houses relying on water from wells.

Four wells are still in use at business premises.

A survey was made of the supply tanks at schools, many of which were found to require overhaul and cleansing.

Routine sampling of water is carried out by the Water Department and the Public Health Department. During the year the following samples were submitted for analysis :—

	<i>Bact. Exam.</i>	<i>Chem. Exam.</i>
Raw Water      ...      ...      ...	52	12
Raw Water after settlement      ...	52	—
Primary Filter water      ...	52	—
Final Water before Chlorination	60	—
Final Water after Chlorination	68	12
Check samples from tap in laboratory      ...      ...      ...	62	—
Consumer tap samples      ...	31	31
Survey of water supplies from storage tanks      ...      ...	25	25

## Swimming Baths

Again this year, careful surveillance was kept of the learner swimming pools at the various schools. 16 samples of bath water were submitted for analysis.

*Summary of Chemical Analyses of Tap Water*

*Year ending 31st December, 1968.*

				<i>Parts per million</i>		
				<i>Min.</i>	<i>Max.</i>	<i>Average</i>
Solids in Solution (Dried at 180°C)				220	530	335
Solids in Solution After Ignition	...			130	325	213
Chlorine present as Chloride	...	...		31	107	57
Hardness Non-Carbonate	...	...		36	82	59
Hardness Carbonate	...	...	...	84	156	108
Hardness Total	...	...	...	120	238	167
Ammoniacal Nitrogen	...	...	...	Trace	0.03	0.02
Albuminoid Nitrogen	...	...	...	0.02	0.15	0.06
Nitrate Nitrogen	...	...	...	1.6	4.1	2.7
Nitrite Nitrogen	...	...	...	Nil	Nil	Nil
Oxygen absorbed in 4 hours at 27°C (N/80 Permanganate)	...	...	...	1.20	2.96	1.70
Toxic Metals	...	...	...	Nil	Nil	Nil
*Total Residual Chlorine	...	...		Nil	0.38	0.13
*Fluorine	...	...	...	Nil	0.20	0.09
†Synthetic detergent as Manoxol			...	Nil	0.03	0.01
†Phosphate as PO <sub>4</sub>	...	...	...	0.33	0.88	0.50
pH				7.1	7.8	7.5

Summary of 12 monthly analyses at random sampling points within the City and 12 monthly analyses of water leaving the Waterworks.

\*Random sampling points only

†Waterworks only.















